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ABSTRACT

The document provides a review of the issues related to child abuse and neglect and presents a bibliography of 78 documents on the subject. Individual chapters, each containing a reference list, address the following areas: historical overview, incidence, characteristics of abuse and neglect, current legislation, systems approach to child maltreatment, and theoretical flow of case process. A chapter containing conclusions stresses the need for nationally standardized laws and procedures. Bibliographic entries in a final chapter include the following information: author, title, source, and abstract. Procedures for obtaining documents are given and lists of sources and resource agencies and a copy of child abuse legislation (P.L. 93-247) are appended. (SBH)

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CHILD ABUSE AND NEGLECT

A Literature Review and Selected Bibliography

by

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Supervising Editor

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I. Introduction

In the past few years, the phenomenon of child abuse and neglect--the "battered child syndrome"--has attracted considerable attention among professionals in the criminal justice, law enforcement, social work, mental health, and medical fields. Nationwide, there has been mounting professional and public concern over the maltreatment of children since it is a highly complex, pervasive, and growing problem. Researchers and practitioners have been attempting to identify the nature of this problem, trace its etiology, develop methods of case management, devise treatment programs, develop strategies for prevention, and effect legislation to combat the high incidence of child abuse and neglect.

This overview of the current status of the literature on child abuse and neglect reviews the major historical, legal, social, and medical issues, describes the prevention and treatment programs that are currently being funded, describes the legislation that has been enacted, and provides suggestions for future research and programs concerning this national problem.

II. Historical Overview

Introduction

Child abuse is not a new phenomenon. Children have been physically and emotionally neglected, exploited, sexually molested, and murdered by adults since the beginning of civilization.[1] What is new regarding this problem is that it has been formally recognized and defined, reporting laws have been mandated, its incidence is being recorded and tabulated, its pathology is being explored, and methods of prevention and treatment are being implemented.

Child maltreatment is deeply rooted in our cultural and religious history as manifest by the practices of infanticide, ritual sacrifice, exposure to the elements, mutilation, abandonment, servitude, harsh discipline, incest, child labor, neglect, and battering at historical intervals.[2]

Ancient Cultural Practices

Infanticide--the killing of newborn infants with the explicit or implied consent of parents and community--has been commonly practiced in various forms of sacrifice, exposure, and abortion.[3] Infants were killed as a form of birth control, a way to avoid the dishonor of illegitimacy, a means of obtaining power, a method of disposing a retarded or deformed child, a means of serving religious beliefs, and as a way of insuring financial security.[4]

In ancient Greece, a child was the absolute property of the father, and Greek law stated that property was divided among the male children. Thus, many fathers raised the first son and exposed subsequent sons and daughters to the elements.[5]

Under ancient Roman law, the father had power of life and death (patria potestas) over his children and could kill, mutilate, sell or offer his children for sacrifice.[6]

In China, Peru, Mexico, and India, children were cast into rivers in a ritualistic effort to insure a good harvest and good fortune. To ensure durability of buildings in India, China, Germany, and Canaan, children were buried alive under foundations of buildings and dikes.[7] Greeks, Romans, Chinese, and Indians killed weak, deformed, retarded children and twins based on the superstitious notion that they were evil and carried bad luck and in belief of survival of the fittest.[8]

The Bible refers to several instances of infanticide or implied infanticide: Abraham's willingness to sacrifice his son, Isaac; the slaughter of the Innocents and Herod's massacre of male infants; King Ahaz's burning of his children in the fire; and Joshua's curse against the builder of Jericho.[9]

Mutilation of children was common in many cultures for religious, medical, cosmetic or economic reasons.[10] Castration was an acceptable form of punishment and an economic necessity to increase the eunuch's appeal as beggar, freak performer, or royal aide. Foot-binding was common in China for cosmetic reasons, and in Africa, the bindings of lips, arms, and legs is currently fashionable. Cranial deformation was practiced in the Crimea, Greece, and among American Flathead Indians, and is still currently practiced by Solomon Islanders. Gouged eyes, deformed feet, and amputated or twisted limbs were inflicted so as to evoke pity on children, thereby making them good beggars.[11]

It is evident that child rearing is relative to time and culture. While contemporary American culture views ritual sacrifice, abandonment, servitude, footbinding, castration, and cranial deformation as abuse, these practices may have been customary and acceptable to other cultures; some practices that we consider mutilation are currently acceptable in African and Pacific tribal cultures.

Industrial Revolution

Industrialization, urbanization, and the machine age (in England and later in America) led to the exploitation of child labor and increased infant mortality. Under the factory system, children became economic assets rather than financial burdens. Children as young as 5 worked 16 hours a day, often with irons tied to their ankles to prevent them from running away. They were starved and beaten, some committed suicide, and many died from occupational diseases.[12]

Colonial America

In colonial America, parents and schoolmasters believed in the saying "spare the rod and spoil the child" and whippings and floggings were considered acceptable means of disciplining children.[13] And in Massachusetts and Connecticut, filial disobedience was punishable by death.[14] The Massachusetts Stubborn Child Law, enacted in 1654, reaffirmed in 1971 and, finally, repealed in 1973, ruled that children have no right of dissent against the reasonable and lawful commands of their parents or legal guardians.[15]

The American colonist's child care practices were a reflection of the Elizabethan Poor Law of 1601 which recognized poverty as a sin; thus, poor children were either placed in institutions or sold as indentured servants.[16] The colonists were also influenced by English common law which granted a father the absolute right to custody and control of the child; children were deemed part of the property of their father.[17]

Late Nineteenth Century

Within the last hundred years, society has begun to shift from the notion of children as their parents' property and the traditional concept of parent's rights to raise their children as they see fit, to the emerging concept of children's rights. The first legal challenge to the absolute rights of parents over children was recorded in New York City in 1870.[18] In the famed Mary Ellen case, a group of church workers appealed to the Society for the Prevention of Cruelty to Animals, for assistance in obtaining the legal removal of the severely beaten and neglected child from her home, on the grounds that she was technically a member of the animal kingdom and therefore her case came, by law, under the same protection as the animal kingdom. The child was legally removed from the home, and the case of Mary Ellen led to the founding of the Society for the Prevention of Cruelty to Children in 1871.[19]

As an outgrowth of the New York Society for the Prevention of Cruelty to Children, the first Child Protective Services agency originated in 1875. With the passage of the Social Security Act in 1935, which authorized public child welfare, protective services were transferred from private to public auspices.[20]

The first juvenile court was established in 1899 and by 1920 all but three states had a juvenile court system.[21]

Twentieth Century

Since 1888, articles describing bone diseases of unknown origin have appeared in medical journals.[22] In 1946, Dr. John Caffey, a pediatric radiologist, suggested the novel idea that the multiple fractures in the long bones of infants had "traumatic origin," perhaps willfully inflicted by parents.[23] His colleagues were skeptical until, in 1953, Dr. F. N. Silverman, noted the existence of skeletal trauma in infants and described multiple bone injury as the most common bone disease of infancy.[24]

It was not until 1962, when Dr. C. H. Kempe and his associates coined the phrase "battered child syndrome" based on their clinical

evidence of the maltreatment, [25] that national recognition came to the problem of child abuse. [26]

Using Kempe's definition of the "battered child syndrome" individual states began to enact mandatory child abuse reporting statutes in 1964; by 1966, 49 states had enacted this type of legislation. [27]

In 1974, Congress signed into law the Child Abuse Prevention and Treatment Act (P.L. 93-247) which mandated that all 50 states and territories adopt legislation requiring persons to report suspected cases of abuse to authorities and created a National Center on Child Abuse and Neglect (NCCAN) to issue grants for research projects and demonstration programs, among other duties. [28]

Currently, some observers believe that child abuse has "reached epidemic proportions" [29] and public and professional attention is being focused on prevention and treatment of the problem.

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III. Definition

Introduction

Defining the problem itself is a central issue in the study of child abuse and neglect. It is difficult to precisely define child abuse and neglect, since perceptions of what constitutes abuse and neglect differ with time and culture. Child-rearing practices that we now consider to be abusive, have been accepted in the past as normal exercise of parental rights, appropriate disciplinary behavior, or economic necessity.[1] Gal contends that "the notion of child abuse has evolved throughout history along with changes in conceptions concerning the status and rights of children." [2]

Even today, standards of normal and acceptable child care vary by culture and subculture. Practices considered as mild abuse in some subcultures would be normal and desirable patterns of child-rearing in others. For example, one researcher claimed that "in my nine years with the Bureau of Indian Affairs, I am not aware of a single case of child abuse among Pueblo Indians." [3] This would not necessarily suggest that child abuse does not exist among the Pueblos; rather it raises questions about the definition of abuse and the way sociocultural norms and values are imposed upon different ethnic groups.

Definitions Proposed by Major Researchers

A major problem confronting researchers is disagreement over what constitutes child abuse.[4] The way in which abuse and neglect are defined affects what is reported, the number of reports made, the assessment of an incidence rate, comparability of research findings, and the extent of prevention and treatment programs.[5] Thus, the adoption of a comprehensive and uniform definition of child abuse and neglect is a crucial issue.

Several definitions have been proposed by current researchers, yet they tend to be vague and ambiguous.[6]

Kempe and his associates, by their definition of the battered child syndrome, viewed abuse as "a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent." [7]

Many researchers found this definition to be nothing more than a restrictive medical diagnosis.[8]

Fontana's definition of the maltreatment syndrome included emotional and nutritional deprivation, neglect, and abuse thus broadening the scope.[9]

Gil viewed the problem as any force that compromises a child's capacity to achieve his physical and psychological potential. His approach focused on the intent of the perpetrator.[10]

Newberger defined abuse as "an illness, with or without injury, stemming from situations in the home setting which threaten a child's survival." [11]

Implications of Definitions

Newberger stated that "virtually all definitions identify the child as victim, and most identify parent or family as perpetrator"[12], implying that the sole victim of child abuse is the child and that the parent, as wrongdoer, is to blame. These definitions overlook both the effects of economic and sociocultural factors surrounding the family and the responsibility of society. Important value concepts are built into the vocabulary so that the terms "battered child syndrome," "maltreatment syndrome," and even "child abuse" have strong implications.[13] If such a "syndrome" of child battering, abuse, and maltreatment exists, this might suggest that there are established norms of acceptable child-rearing; thus parents can no longer raise children as they see fit.

Gelles suggested that the term, child abuse "is as much a political concept, designed to draw attention to a social problem, as it is a scientific concept which can be used to measure a specific phenomenon." [14]

Thus, child abuse can be broadly or loosely defined to magnify concern about this problem.[15] While some researchers use the term to cover a wide spectrum of phenomena, including neglect and sexual molestation[16], others use it to focus attention solely on physical maltreatment.[17]

Current Federal Definition

Under the 1974 Federal Child Abuse Prevention and Treatment Act (P.L. 93-247) and its recent 1978 amendments (P.L. 95-266), Congress has legally defined child abuse and neglect as:

the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of eighteen, or the age speci-

fied by the child protection law of the State in question, by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary.[18]

Although all 50 states have enacted statutes requiring mandatory reporting of abuse and/or neglect, only 18 states have enlarged upon reportable conditions by including a definition of abuse in the reporting laws. The degree of specificity in definitions varies from state to state and from jurisdiction to jurisdiction; e.g., Alaska defines child abuse very broadly while Colorado statutes define abuse in explicit, medically symptomatic terms.[19]

Summary

In summary, perceptions of what constitutes abuse and/or neglect differ with time and culture. Also, the current definition of child abuse and/or neglect varies among legislators, researchers, and practitioners, and it is often vague and ambiguous. This affects the reporting, identification, assessment, intervention, and comparability of research findings. Therefore, the acceptance of a uniform, comprehensive definition of the problem is a crucial issue.

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IV. Incidence

Introduction

The true incidence rates and distribution patterns of child abuse and neglect are unknown. Many estimates have been suggested; however there is a lack of valid and reliable data on which to base these statistics. Estimates of frequency and distribution patterns of abuse vary considerably due to differences in individual perceptions and definitions of abuse, the time frame in which they were conducted, the availability of community resources, methods of data collection, reporting biases, and the interpretation of findings. Additionally, the incidence rate cannot be based on reported cases alone, since many cases go unrecognized, undiagnosed, untreated, and therefore, unreported.[1]

Following Kempe's introduction of the term battered child syndrome[2] there was a substantial rise in the number of recorded cases of abuse, and since the enactment of the 1974 Act (P.L. 93-247), there has been an explosion of reported child abuse cases. It is difficult to determine whether this explosion of reported cases reflects an increase of public and professional awareness and cooperation or an increase in actual parental abusiveness.

Smith speculates that it is due to the increase in illegitimacy and teenage parenthood.[3] Given the recent interest in the child abuse and neglect problem and the resultant comprehensive reporting statutes, it seems more likely that the increased incidence rate reflects the fact that a larger proportion of the abusing population has been identified.[4] Regardless of the actual incidence rate, the fact remains that the reporting rate is rapidly increasing.[5]

Estimates of Incidence of Abuse

During 1962 (prior to the enactment of state reporting laws), a meager 662 cases of abuse had been reported, according to De Francis.[6] In that same year, Kempe stated that 749 cases had been reported.[7] In 1968 Helfer and Pollock estimated that 10,000 to 15,000 children had been abused.[8]

Gil stated that only 6,617 cases had been reported during 1968 and thus concluded that the battered child syndrome was a relatively

infrequent occurrence.[9] Gil's study was criticized by both Fontana[10] and Helfer[11] for his definition of abuse and his use of data from 1968, the first or second year after reporting laws had taken effect in many states. That next year, Gil conducted another study and found that an estimated 2,500,000-4,070,000 cases of abuse existed.[12] Light reanalyzed Gil's study and concluded that an estimated 200,000-500,000 children are abused each year.[13]

Kempe disclosed that 25 percent of all fractures seen in the first two years of life were due to the battered child syndrome and that 10 to 15 percent of all trauma seen in children under 3 years of age were due to this syndrome.[14]

By 1972, Kempe and Helfer estimated that 60,000 children had been abused that year.[15] The three most recent estimates of child abuse incidence (excluding neglect) are 41,104[16], 258,000[17], and 1,400,000-1,900,000.[18]

In summary, due to the wide discrepancy in estimates of abuse, it is difficult to have confidence in the current estimates of incidence rates which range from approximately 40,000 abused children[19] to 1.5 million children vulnerable to physical injury.[20]

Estimates of Incidence of Neglect

In the past 5 years several researchers have attempted to consider neglect apart from abuse when describing the rate of incidence.[21] The difficulty in acquiring valid and reliable data on abuse was also experienced in evaluating data on neglect so that current estimates on the extent of neglect also vary widely from 465,000[22] to 666,000 cases.[23]

Ratio of Neglect to Abuse

In addition, there is disagreement among researchers about the ratio of neglect to abuse, although there appears to be a universal agreement that neglect occurs more often than abuse.[24] The ratio of neglect to abuse has been estimated as 10:1[25], 3:1[26], 3:1[27], 6:1[28], 9:1[29], and 8:1[30].

Child Mortality Rates

Regarding the relationship between child abuse and neglect and child mortality rates, researchers disagree and estimates vary widely. The first recorded mention of this relationship appeared in a 1962 editorial in the Journal of the American Medical Association stating:

It is likely that the battered child syndrome will be found to be a more frequent cause of death than such well-recognized and thoroughly studied diseases as leukemia, cystic fibrosis, and muscular dystrophy, and it may well rank with automobile accidents and the toxic and infectious encephalides as causes of acquired disturbances of the central nervous system.[31]

However, Gil claimed that "even if allowance is made for the gross underreporting of fatalities, physical abuse cannot be considered a major killer and maimer of children." [32]

Martin claimed that child abuse is the "major killer of United States children" and may account for 50,000 deaths per year.[33]

One recent estimate indicated that nationally, 2,000-5,000 children die each year as a direct result of child abuse[34] and another suggested that over 16,000 children die each year from abuse; abuse has been cited as the second most common cause of death for small children[35].

Global Prevalence

Child abuse is not only a national problem; it is a global menace. Smith revealed the prevalence of child abuse in Western Europe, Scandinavia, Australia, and New Zealand, and reported its incidence in Uganda and India. Viano stated that it is as serious a problem in European countries as in the United States, Canada, and New Zealand. Viano indicated more recently that exploitation of children for slavery, servitude, pornography, prostitution, and sex perversion is practiced worldwide.[36]

Conclusion

Due to the wide discrepancy in estimates of incidence of child abuse and neglect, Cohen and Sussman stated before a Senate subcommittee that "the only conclusion which can be made fairly is that information indicating incidence of child abuse in the United States simply does not exist." [37] Two years later, Gelles offered his support of this conclusion, before another Senate subcommittee, as the "most accurate evaluation of the available data on the incidence of child abuse." [38]

Although estimates of actual incidence are inconsistent, they reveal that child maltreatment is a more massive problem than it is reported to be. Maltreatment has been compared to an iceberg; reported cases account for the visible tip, but estimates suggest that the problem is actually of staggering proportions yet to be revealed.[39]

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V. Characteristics of Abuse and Neglect

Introduction

Kempe and Helfer have identified three major contributing factors in an incident of abuse: the parent, the child, and the situation.[1]

The same variables are present in an incident of neglect. Each incident contains all three elements yet research studies tend to focus on one element rather than the combination of all three elements. This section will describe characteristics of parent abusers, of abused children, of the family situations in which abuse and neglect typically occur, types of abuse and neglect, and effects of the problem.

Characteristics of Parents

Abusive and/or neglectful parents may exhibit any of the following characteristics:

- They themselves were abused or neglected as children.
- They fail or delay to take the child for routine medical care, or intaking an injured child for medical care, they may choose a different hospital or doctor each time.
- They are reluctant to give information about the child's injuries or condition. When questioned, they are unable to explain, or they offer far-fetched or contradictory explanations.
- They refuse to consent to diagnostic studies.
- They respond inappropriately to the seriousness of the child's condition either by overreacting, seeming hostile or antagonistic when questioned even casually; or by underreacting, showing little concern or awareness, and seeming more preoccupied with their own problems than those of the child.
- They seem to lack understanding of the child's physical, emotional, and psychological needs.

- They have unrealistic expectations of the child, expecting or demanding behavior that is beyond the child's years or ability.
- They are overcritical of the child and seldom discuss the child in positive terms.
- They seldom touch or look at the child; they ignore the child's crying or react with impatience.
- They believe in the necessity of harsh punishment for children.
- They keep the child confined for overlong periods of time.
- They are isolated from family supports such as friends, relatives, neighbors, and community groups; they consistently fail to keep appointments, discourage social contact, and never participate in school activities or events.
- They seem to trust no one.
- They cannot be located.
- They are of borderline intelligence, psychotic, or psychopathic, and seem incapable of child-rearing, exhibit generally irrational behavior, or seem excessively cruel and sadistic.[2]
- They lack knowledge of parenting skills and tend to be discouraged, depressed, and frustrated with their role as parents.
- They appear to be misusing alcohol or drugs.

Characteristics of Abused Children

Abused children often exhibit several of the following characteristics:

- They may often bear welts, bruises, untreated sores, burns, strap marks, fractures, lost teeth, or other skin injuries.
- Their injuries seem to be inadequately treated.

- They show evidence of overall poor care.
- They seem unduly afraid of their parents.
- They take the role of the parent, being protective or otherwise attempting to take care of the parent's needs.
- Some are wary of physical contact, especially when it is initiated by an adult. Others are inappropriately hungry for affection, yet may have difficulty relating to children and adults.
- They are inappropriately dressed for the weather, or habitually wear long sleeves or high necklines on hot days to hide bruises, burns, or other marks of abuse.[3]
- They have learning problems that cannot be diagnosed. If a child's academic, IQ, and medical tests indicate no abnormalities but still the child cannot meet normal expectations, the answer may well be problems in the home (physical violence, economic, social, psychological, etc).
- They habitually are truant or late to school.
- They frequently arrive at school too early and remain after classes rather than going home.
- They are always tired and often sleep in class.
- They may exhibit a sudden change in behavior, for example, displaying regressive behavior--pants-wetting, thumbsucking, frequent whining, disruptiveness, or passivity.
- They exhibit behavioral extremes: for example, crying often or crying very little and showing no real expectation of being comforted; being excessively fearful, or seeming fearless of adult authority; being unusually aggressive and destructive, or extremely passive and withdrawn.

Characteristics of Neglected Children

Neglected children tend to exhibit several of these characteristics:

- They show evidence of inadequate home management. They are unclean and unkempt; clothes are torn and dirty; they are often unbathed.

- They are in obvious need of medical attention for such correctable conditions as poor eyesight, dental care, and immunizations.
- They are given inappropriate food, drink, or medication.
- They are often hungry. They may go without breakfast and have neither food nor money for lunch. Some take the lunch money or food of other children and hoard whatever they obtain.
- They show signs of malnutrition--paleness, low weight relative to height, lack of body tone, fatigue, inability to participate in physical activities, and lack of normal strength and endurance.
- School attendance may be irregular.
- They are usually irritable.
- They may exhibit a generally repressed personality, inattentiveness, and withdrawal.
- They lack adequate parental supervision at home and exhibit wild, acting out behavior.
- They may react either by "becoming hyperaggressive, disruptive, or demanding. . . shouting a cry for help, or may become withdrawn and passive. . . whimpering a cry for help." [4]

The above characteristics of abused and neglected children are not mutually exclusive; an abused child may exhibit behavior that characterizes a neglected child, and vice versa. There are two reasons for this--a child may be both abused and neglected; and since perceptions and definitions of child abuse and neglect vary from jurisdiction to jurisdiction, it is difficult to dichotomize the maltreatment problem and to distinguish factors that characterize abuse apart from neglect.

Characteristics and Causal Factors of the Environmental Situation of the Family

Several studies have been conducted to examine the relationship between the social, economic, and psychological environment of the family and the incident of abuse or neglect. The findings of these studies are contradictory and there is wide disagreement among re-

searchers regarding the psychosocioeconomic conditions and causal factors of the child abuse phenomenon.

Steele and Pollock's (1971) study revealed that:

If all the people we studied were gathered together they would not seem much different from a group picked by stopping the first several people one would meet on a downtown street.[5]

Child abusers came from all socioeconomic strata: some were wealthy, others poverty-stricken. They came from large metropolitan cities, suburbs, and rural communities. There was a wide range in terms of educational achievement, with IQ's ranging from 70 to 130. The majority of these parents had stable marriages; however, some were divorced, separated, or into their second and third marriage. They embodied various religious affiliations and ethnic groups. Incidence of alcoholism, broken marriage, drug addiction, and prominence of certain racial groups was not significant. The study found that most of the abusers had emotional problems of sufficient severity to be accepted for treatment by a psychiatrist. In addition, without exception, there was a history of having been reared in the same style which they had recreated in the pattern of rearing their own children.[6]

Many studies show that parents who abuse children usually were themselves abused as children or that abusing parents usually have had some kind of disastrous rearing experience when they were children.[7] This "generational theory" contends that the victim of abuse incorporates patterns of aggression which are repeated from generation to generation.

However, Gil revealed that only 23 percent of the respondents, to his random national sample of parents, thought that they could at some time injure their child,[8] and Wasserman has contended that "every parent is a potential child abuser."[9]

Most parents who bring their child for medical treatment claim that the child's condition was an accident. The most frequent excuse given for the accident is that the child fell and, in the case of murder, that an intruder was responsible. Parents are reluctant to admit their guilt; family, neighbors, and friends do not want

Most studies indicate that the majority of victims are infants and younger children.[11]

The parents tend to be under 30 years of age.[12] Mothers abuse more frequently than fathers.[13] However, in the case of step-parents, the opposite is true, and in situations of separation or divorce, boyfriends most often are the abusers.[14]

Most researchers report that boys are more often abused than girls. However, after age 10, the reverse is true.[15]

Myths

There are several myths concerning the causes of child mistreatment. The most common are that abuse and neglect are problems of the poor, and that abusive parents simply misjudge their own strength. However, child abuse and neglect is common to families of all races, nationalities, religious groups, and socioeconomic levels.[16] It is not a problem that is limited to racial minorities nor to the poor, even though these groups may account for large figures in reporting statistics. Though Gil found that "the physical abuse of children was overconcentrated among the poor and nonwhite minorities"[17] several researchers claim that these findings show evidence of biases in reporting and institutional racism.[18]

Poor families and nonwhite families are reported more often than middle- and upper-middle class whites since they tend to be the clients of welfare agencies, municipal hospitals, and out-patient clinics. Compared to middle- and upper-class families, they not only have more contacts with many different types of professionals, but their home lives and problems are also more open to professional scrutiny. In addition, professionals may find it more difficult to report a family with whom they can identify: whites have more difficulty reporting whites, and blacks more difficulty reporting blacks; those of the middle class find it harder to report a middle-class family, and so on. Since most professionals are middle- and upper-class whites, poor nonwhite families tend to account for the greatest proportion of reports.[18] It is true, however, that the effects of social and economic deprivation, housing problems, unemployment, financial crisis, illness, marital stress, and the ramifications of poverty, may affect the behavior of parents who maltreat their children.[20] Yet these crises cannot be considered justification for abuse. Crises are common in the lives of many parents who do not abuse their children, and maltreatment does occur in families that are wealthy, well-educated, and well-housed.[21]

Another misconception is that parents, unaware of their own strength, injure their children when disciplining them. As Kempe and Helfer note, "It is incorrect to believe that abuse is caused by parents who simply don't know their own strength." [22] Abusive or neglectful behavior is a complex pattern of parenting behavior; its cause generally involves the childhood experience of the parent, parental misconceptions of the child, and crises in the life of the family which can precipitate incidents of abuse. [23]

Types of Abuse and Neglect

There are varying types and degrees of abuse and neglect. Abuse may be physical abuse (ranging from slapping, burning, and beating to murder), sexual abuse (ranging from exposure and fondling to intercourse, incest, and rape), and emotional abuse (inadequate parenting and severe criticism). Neglect implies physical, emotional, medical, or educational deprivation. [24]

Effects on Children

The effects of maltreatment on children are numerous and startling. Maltreatment can leave children with physical, emotional, psychological, neurological, and behavioral scars, and can also result in death. [25]

Physical injury resulting from abuse can include cuts, burns, bruises, contusions, shock, laceration of the internal organs, hemorrhage, and fractures. Depending on the type and severity of maltreatment, long-term physical effects can include mental retardation, loss of hearing or sight, lack of motor control, and speech defects. [26]

Prolonged deprivation can have a serious and lifelong impact on the child's future character and can cause a variety of habitual behavioral disorders, such as alcoholism, drug addiction, sexual maladjustment, and inadequate maternal behavior. In addition, inadequate mothering or child neglect stemming from maternal deprivation can result in growth failure, autistic behavior, and retarded mental development in the child. [27] Abused and neglected children have also shown evidence of learning disorders and language deficits. [28]

Both Fontana and Steele have indicated that retrospective studies of juvenile delinquents and famous adult criminal offenders reveal a history of abuse in most cases. [29] However, the empirical basis for the theory that the abused child becomes tomorrow's juvenile

delinquent or adult criminal offender is problematic and the causal relationship between abuse and crime is unclear.[30]

Summary

The incidence of abuse depends on the combination of factors characterizing the parent, child, and their environmental situation. Various types of abuse and neglect exist, and the effects of the problem are numerous and devastating. It is clear that help is needed for all three elements: the child, parent, and environmental situation of the family.

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VI. Current Legislation

Introduction

As of 1962, few States had laws pertaining to child abuse, yet when Kempe and his associates publicized the first formalized medical profile of the battered child[1], there was increasing community awareness of the extent of the problem. Advocacy was strong and State legislatures began to introduce child abuse and neglect reporting laws in the early 1960's.[2]

State Legislation

State child abuse and neglect law in the past 15 years has been a very active area of legislative adoption and amendment and continues to generate activity.[3] From State to State, there are many similarities and differences in the law. And as the States earnestly enact amendments modifying one or more statutes, the number of jurisdictions with a similar approach to any single feature of child protection laws does not remain static for very long.[4]

All 50 States have some form of child abuse laws. Basically, these are reporting laws which encourage or require the reporting of suspected cases, criminal law provisions to punish abusers, juvenile court acts, and State legislation to establish or authorize protective services for children.[5]

Federal Legislation

The Federal Government first got involved in child welfare in 1912 when, after considerable debate, Congress passed a bill to create the U.S. Children's Bureau to do research and provide information about children. In 1935, with the passage of the Social Security Act, Congress authorized public welfare for "the protection and care of homeless, dependent and neglected children and children in danger of becoming delinquent" (Now Title IV-B).[6] The 1962 Social Security Amendments require each State to make welfare services available to all children and to coordinate the current child welfare services (Title IV-B) with Aid to Families With Dependent Children (Title IV-A). The 1962 amendment also made reference to the prevention or remedying of child abuse in its revised definition of "child welfare services."

Since 1962, Federal funds for child protection services have been spent under Title IV-A (Now Title XX) and funds have been granted under Title V for research studies on child abuse and neglect.

Thus until 1974, Federal legislation in the area of child maltreatment has been concentrated on financial assistance to the States for child welfare and social services, and in research grants, so that, traditionally, the Federal Government has avoided specific legislation in this area, considering it to be under the jurisdiction of the States. Recently, however, due to increasing public and professional awareness of the incidence of maltreatment, several bills were introduced in Congress.[7]

On January 31, 1974, the Child Abuse Prevention and Treatment Act (P.L. 93-247) was signed into law, in response to the need for a coordinated Federal effort to assist the States in solving a complex, nationwide problem. The Act created the National Center on Child Abuse and Neglect to conduct studies on abuse and neglect, award demonstration and research grants to seek new methods of identifying, treating, and preventing this problem. The Act also granted funds to the States to enable them to improve and increase child protective services.[8] More specifically, the purposes of the National Center on Child Abuse and Neglect are to:

1. Compile, analyze, and publish a summary annually of research on child abuse and neglect;
2. Develop and maintain an information clearinghouse on all programs, public and private, showing promise of success, for the prevention, identification, and treatment of child abuse and neglect;
3. Compile and publish training materials for personnel who are engaged or intend to engage in the prevention, identification, and treatment of child abuse and neglect;
4. Provide technical assistance to public and nonprofit private agencies and organizations to assist them in planning, improving, developing, and implementing programs and activities relating to the prevention, identification, and treatment of child abuse and neglect;
5. Conduct research into the causes of child abuse and neglect, and into the prevention, identification, and treatment thereof; and

6. Make a complete and full study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which incidents of child abuse/neglect are increasing in number or severity.

In addition, an advisory board on child abuse and neglect was established and a definition of child abuse and neglect was provided.[9]

The Act indicated that a Federal effort would foster a coordinated nationwide approach to the problem which would mandate the reporting of suspected cases of maltreatment, increase cooperation among States, uniformity among state laws, and create successful, rehabilitative programs through Federal funding.

Four years later, on April 24, 1978, an Act (P.L. 95-266) was signed into law granting an extension of the Child Abuse Prevention and Treatment Act for an additional 4 years.[10] Amendments were made and funding of grants and programs was increased to authorize \$25 million to support the National Center on Child Abuse and Neglect for fiscal year 1978; the total appropriation for fiscal year 1978 Child Abuse and Neglect Program was \$18.928 million.[11]

The extension to the Act implied that the Act and its repercussions were effective in managing aspects of the problem of abuse and neglect, and the extension and increased funding were authorized to insure the continuation of the successful strides made in dealing with this national problem.

Current Trends

There is a current expansion of the categories of mandated reporters and a broadening of the definition of reportable abuse and neglect. Also, the extension of immunity to reporters is gaining acceptance nationwide as is the imposition of criminal and civil sanctions for failure to report. Several States have enacted specific child abuse statutes to distinguish this offense from assault and battery. Many States are now directing reports of abuse and neglect to social service agencies and requiring the operation of central registries. A significant trend is the legislative requirement that a guardian ad litem be appointed by a court to represent the best interests of the child in court proceedings. Another significant trend is that States have begun to enact legislation to encourage or mandate the use of multidisciplinary teams.[12]

Conclusion

It is interesting to note that while it took the United States approximately 150 years to pass legislation protecting children against the horrors of child abuse and neglect, most of this legislation was passed during the last 15 years.[13]

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VII. Systems Approach to Child Maltreatment

Introduction

Since child abuse and neglect are not solely social, legal, psychological or medical problems, they should not be managed by one discipline or profession alone. These are complex problems involving judges, lawyers, police officers, social workers, physicians, and educators. Often, helping efforts remain fragmented among various disciplines, communications and coordination are difficult to implement, there is a duplication of efforts by competing agencies, and fear and hostility exist among competing approaches to the problem.[1]

In response to the problem of child maltreatment, several jurisdictions have created multidisciplinary child protection teams to investigate, assess, and treat cases of child abuse. The format and implementation of these teams vary nationwide, yet they usually include the skills of legal, social work, mental health, and medical professionals, and it has generally been found that the teams' collective expertise provides more comprehensive, valuable guidance to an individual caseworker, investigator, judge, etc.[2]

Punitive vs. Therapeutic Approaches

There are two general views of how to approach the problem of child maltreatment:

- The punitive approach views child abuse and/or neglect as a crime for which parents must be punished.
- The therapeutic approach views child abuse and/or neglect as a family problem requiring treatment for the family.

The approach to child protection has gradually shifted from punitive to therapeutic, with the current view that treatment and rehabilitation, rather than punishment and retribution, are the best means of protecting endangered children.[3]

Five major systems are involved in child abuse--criminal justice, law enforcement, social service, medical, and education systems--and the perspectives of each will now be discussed.

The Criminal Justice Perspective

Child abuse and neglect is a crime in every State. Although the statutes vary from jurisdiction to jurisdiction, over three-fourths of the States have specific "cruelty to children" statutes; in others, "assault" under either statutory or common law applies to child abuse. Cruelty to children statutes usually cover a broader area than assault; some include neglect and emotional abuse. Sexual abuse can be prosecuted under criminal statutes covering statutory rape, incest, indecent liberties, and other sexual crimes.[4]

The punishment (punitive) vs. treatment (therapeutic) dichotomy is found in the law itself. In all 50 States, laws concerning child maltreatment fall under both criminal and civil codes. Within the civil code of every State, child abuse is covered under juvenile or family court acts which authorize the court to order protective services, treatment, or removal of a child from the home when there is evidence of maltreatment.[5]

However, the concept of child abuse has not been totally decriminalized. Criminal court involvement is infrequent, yet it does occur in some cases of homicide, child sexual molestation, and severe maltreatment. The feasibility of criminal prosecution is often limited. Since abuse usually takes place in the privacy of the home without witnesses, only circumstantial evidence is available. Thus, it is extremely difficult to prove that a parent is guilty of abuse. "The burden of proof beyond a reasonable doubt and other constitutional strictures often pose insurmountable obstacles to successful criminal prosecution." [6] In addition, the effects of the criminal court process often do more harm than good for the child since the court process may embitter the parents, causing them to resent their children even more and inflict further abuse. If acquitted, parents may regard the court's decision as an approval of their parenting behavior. If convicted, a prison term or suspended sentence will seldom change their behavior. Criminal prosecution rarely resolves the underlying problems of the parents which caused them to abuse their children. Also, fear of criminal prosecution may prevent parents from seeking help or taking their injured child for medical care.[7]

The court does not become involved in a case of child abuse until someone sets the legal mechanism in motion by filing a petition alleging child abuse (usually a protective service worker). The judge's decision is based upon the presentation of investigatory data given by the respondent's (abuser's) attorney and the guardian appointed by the court (guardian ad litem), and testimony of witnesses.[8] The guardian ad litem is appointed to represent

the best interests of the child and functions as an investigator, advocate, counsel, and guardian.[9] The concept of a guardian ad litem is not a recent innovation; however, the mandatory use of this figure to represent the child's independent interests is a new procedure.

One of the major issues confronting attorneys is that of allowing access to formerly confidential child protection records. Despite the current judicial trend toward access to case records by professionals, many social workers oppose the "fishing" through case records by attorneys.[10] Another issue is that of confidentiality of statements made within one court. Often, an abuser or witness in juvenile court is reluctant to discuss the events preceding and including the act of abuse for fear of prosecution by criminal court. The current trend is to provide immunity for statements made in juvenile court proceedings until there has been a criminal conviction.[11] Another issue is the lengthy interval of time spent awaiting trial of a case. Most jurisdictions provide the "right to a speedy trial"; however, there is no set time limitation and cases have often dragged on for 6 months while awaiting trial.[12]

Law Enforcement Perspective

The police officer's primary responsibility to the community is to prevent crime, apprehend criminals, ensure public safety, and enforce laws. Police may take part in the investigations of alleged cases of child maltreatment since they have the legal authority to gain access to the home and remove the child or abuser from the home if the life or health of the person is in danger. The majority of children, however, are relatively safe and it is critical that the police handle the situation in a nonthreatening manner so that the parents' response to this initial experience is receptive to therapy and does not preclude future agency contacts.[13]

Although the reporting laws in many States require a police investigation and report, police involvement is rare and many police departments refer the case to a protective service agency for investigation and provision of services.[14]

While some police departments have initiated specifically trained child abuse units, the majority of police departments have not.[15] The policeman called to assess the scene of suspected child abuse usually lacks the training and diagnostic skills necessary to evaluate the seriousness of the situation and determine appropriate action for the welfare of the family. This issue stems from the

attitude that any helping function requiring the use of interpersonal skills diminishes the masculine authority image of the police, and the conviction that helping people is essentially a social work function that is discrete from the "real" work of the police.[16] Realistically, the police officer can be trained to become more of a specialist in handling family crises without compromising the primary function of maintaining law and order. Bard suggests that changes are needed in the police organizational structure, that cooperation with other helping systems are needed, and that intensive training programs in family crisis intervention should be instituted.[17] These changes would enable the officer to act with greater effectiveness and personal satisfaction and to the benefit of society.[18]

Another issue is that juvenile police investigators are understaffed and overworked.[19] Because of the low priority they place on the problem of child abuse, police administrators tend to limit the number of investigators, without regard for the incidence rate. The limited number of investigators may also reflect the traditional attitude that the role of police is to maintain law and order, not to counsel and intervene in domestic problems.

Social Service Perspective

By virtue of their training and job role, most social workers are sensitive to the problem, and are able to identify and therefore report suspected cases of maltreatment. The social worker (also referred to as a protective service worker) conducts the investigation, assessment, and treatment of cases.[20] Because of the nature of social work training, social workers tend to view child abuse within the broader context of the family dynamics and interaction patterns, rather than focusing on the abuse itself. If a family is cooperating with treatment, a social worker will often avoid police intervention and possible court proceedings, feeling that these would be counterproductive to a therapeutic relationship with the family.[21] However, if a child is in extreme danger, or if the worker feels that by reporting, more resources and treatment would become available for the family, the social worker will report a case to the police. Social workers often find themselves in a dilemma between what they feel they should do as required by their job and what they personally feel would be in the best interests of the child and the family.[22]

Many social workers feel that the best way to handle maltreatment is to make every effort to keep the child in the home and keep the family intact while intervening with supportive services (homemakers, day care, counseling, etc.). With the belief that foster

care and institutional care are inadequate substitutes and abused children will usually return home voluntarily, the current trend is to keep the child with his natural parents and teach the parents more effective parenting skills.[23]

A major issue in social service departments is that more funding is needed to provide a larger staff, increased training, and more outreach work in the community.[24] Protective service workers are generally overworked and underpaid due to shortages of funding and staff.

Another problem that faces social workers is a lack of cooperation among community agencies. Often agencies will refuse to share information with a social service department, fearing that they will be "robbed" of the case when, in fact, the social service department's aim is to gain a better understanding of a case in order to provide more complete services.[25]

Social worker "burnout" is another crucial problem. Working with abuse cases is an extremely demanding task which requires exceptional sensitivity. Social workers must be able to accept hostility and rejection without feeling the need to retaliate. Due to emotional exhaustion, many workers lose their sensitivity and "burn out," thereby becoming ineffective as helping persons. A self-help group composed of protective service workers has emerged to provide a good support system for workers who daily sustain emotionally draining experiences and need an outlet to vent their frustrations.[26]

Medical Perspective

The physician's main role in child abuse cases is to be an accurate diagnostician and to provide medical treatment.[27] Many experts believe that doctors are the professionals most qualified to identify child abuse, yet many doctors find that diagnosing abuse is extremely difficult for several reasons. Doctors, in general, have only minimal training related specifically to child rearing and maltreatment; many have not mastered interviewing skills and observation techniques which are necessary in identifying abuse; and many do not obtain information from patients unless it is volunteered.[28]

Although detection of child abuse is part of the responsibility of physicians, they may be hesitant to report it; even though it is illegal not to report it. The issues of confidentiality, privacy, and professional ethics enter into the physician's decisionmaking process. The physician may feel that the professional ethics in-

involved in the doctor/patient relationship preclude reporting a case of abuse. Possible liability, potential damage to a physician's practice, and the desire to avoid the possibility of testifying in court or dealing with angry parents are rationales for a doctor's not reporting child abuse.

Ultimately, the physician's major concern should be the patient's welfare; that is, what is best for the child. As with other professionals, the diagnosis and report of child abuse is a matter of the physician's judgment.[29]

Education Perspective

The teachers' role places them in a prime position for accumulating information about children and their home environment. Since they have continual daily contact with children over long periods of time, they are able to observe any unusual circumstances and changes in a child's appearance and behavior, which allows them to make decisions about suspected cases of maltreatment. They may become suspicious of a child who becomes overly aggressive, hyperactive, or who suddenly becomes very passive and withdrawn. Children who are consistently late for school, come to school too early, hesitate to go home, or are absent without reasonable explanations, may be showing indications of possible abuse.[30]

Teachers are able to observe the child's interaction with his peers, adults, strangers, and observe his behavior at play. Also, teachers have an opportunity to become acquainted with the child's parents and form some impression of the child's family life and home environment and of the parents' degree of interest and concern for the child.

Despite the fact that teachers are in a prime position to identify and report suspected child abuse, they often have their own perception of what constitutes good parenting practices. Many teachers tend to overlook abuse, since they themselves believe in the practice of harsh discipline in the classroom. Others are keenly aware of abuse, and view it as a manifestation of family problems in the child's home.

Another current issue is the opposition voiced by parents and communities regarding mandatory reporting, by school personnel, of suspected child abuse cases. Many parents view the teacher's responsibility to report suspected cases of maltreatment as an intrusion into the privacy of family affairs. Communities have opposed it due to concern over the confidentiality of records. The National Center on Child Abuse and Neglect has observed that, in general,

community response to reporting child abuse through the school system has been extremely negative; thus, community education, support, and involvement are vital.[31]

Conclusion

Each profession has its own role, task, purpose, and perspective on handling cases of maltreatment, and these roles, unfortunately, often overlap, leave gaps, or otherwise come into conflict, causing a duplication of efforts, lack of services, or fragmentation of efforts. Many researchers conclude that a multidisciplinary team approach is a more effective way of managing the problem of child abuse and neglect.[32]

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VIII. Theoretical Flow of Case Process

Introduction

A typical child abuse case involves five chronological stages[1]:

1. Identification/Reporting
2. Intake/Investigation
3. Assessment/Planning
4. Treatment/Referral
5. Termination/Followup

Identification/Reporting

Although reporting statutes vary from State to State, all 50 States have a mandatory reporting statute requiring persons to notify authorities when there is reasonable cause to suspect that a child has been abused. The laws differ with respect to abusive conditions which are to be reported and those persons who are required to report suspected cases. This mandatory reporting statute is the primary method of identification and its purpose is to identify the child in peril as quickly as possible. The observer is not required to do more than report the suspected case (in fact, the reporter may remain anonymous); the investigation and method of intervention is a function of the state. Often, the observer does not report a case of suspected abuse because he does not recognize it and cannot identify it as abuse; he may not know where to report the incident or he may fear malpractice liability and does not want to get involved in the case. Currently, all States have clauses which grant the reporter immunity from civil and criminal liability if the report is rendered in good faith.[2]

Intake/Investigation

When a case of suspected abuse or neglect has been identified and reported, State laws require that an investigation be made. Investigative procedures vary from jurisdiction to jurisdiction, yet each State has designated one or more agencies to receive and investigate reports of suspected abuse or neglect. This agency must provide a prompt investigation or lose its eligibility for Federal funds (42 USC 5103 (2)(c) 1976). Some states require an initial police investigation; others require an initial protective service investigation; others require that the initial investigation be performed by both parties.[3] In spite of such regulations, investigations are often poorly conducted due to insufficient train-

ing of investigators and lack of time to permit complete investigations in light of enormous caseloads.[4]

If conditions in the home present imminent danger to the life or health of the child, a police officer may, at this time, place the child in protective custody and remove the child from the home. The child can be admitted to a hospital emergency room for treatment or taken to a physician for medical examination.[5]

Assessment/Planning

After a thorough investigation, the proper diagnosis (an evaluation of the facts to determine whether or not the child's injuries or the parent's behavior can be classified as child abuse under State law), prognosis (an evaluation of the facts to determine the possibility of effective treatment for the abuser and child), and possible need for judicial intervention are determined. If it appears that there is no basis for the report or no grounds for suspicion, the case is closed. If there is no indication of abuse or neglect, but the situation warrants treatment or assistance for the family, a referral may be made. If there are indications that abuse has taken place, a treatment plan is devised.[6]

Treatment (Intervention)/Referral

Depending on the severity of the incident and the laws and procedures governing the jurisdiction in which it occurred, any combination of the following types of intervention may take place: the child may be allowed to remain in the home without judicial intervention provided that the child, and/or parent and/or family agree to receive treatment; the parents may voluntarily agree to relinquish the child to foster care and undergo treatment until the authorities agree that the situation is safe to warrant the return of the child to the natural parents; or the child may be removed from the home by issuance of a court order and placed under emergency foster care pending trial of the case in juvenile, family, or criminal court. When removal of the child from the home is necessary, juvenile, family, or criminal court proceedings are mandatory unless the parents voluntarily relinquish the child.[7] The most common method of inducing court involvement is by written petition on the part of a protective service worker with the aid of a legal consultant. The court is asked to assume responsibility of the child in question for several months and will periodically review the situation to determine progress made in making the home safe for the child's return; that is, the child will be made a ward of the court and will be temporarily placed in foster care until the home situation is resolved or another permanent home is found.[8]

Termination/Follow-up

Cases are not continued indefinitely without periodic review and reassessment. When a case has been reassessed and it has been determined that additional services are needed, the treatment plan is modified and services continue to be provided. When additional services are no longer available, the case is referred to another agency for needed treatment. When additional services are no longer needed, the case is terminated and a subsequent followup investigation is performed to insure the stability of the family and determine the necessity of further assistance.[9]

Prevention and Treatment Programs

There are several types of prevention and treatment programs available to families in which abuse and/or neglect has taken place. These differ from state to state and jurisdiction to jurisdiction, and vary according to the characteristics of the child, parent, and abusive incident. Treatment services are also dependent on the availability of resources in the community, so that while one jurisdiction may lack services, another may have a wealth of privately funded, state funded, and federally funded programs.[10]

There is a general consensus among most authorities on child abuse that an effort must be made to treat the parent as well as the child. The objective of the treatment is to replace the abusive or neglectful pattern of the abusing parent with more rewarding methods of child rearing. Also, there is the need to improve the abuser's poor self-image and reduce the stresses in the family which led to the abusive or neglectful events.

There is no standardized program of treatment for families that engage in child maltreatment. Since each family is unique, treatment is individualized to meet the needs of the family members. Generally, programs are conducted by hospitals, health departments, family planning agencies, child welfare departments, social service agencies, mental health centers, schools, and universities.

Prevention programs include parent effectiveness training classes, parent education for adolescents, public awareness campaigns, and screening for abused or neglected children and for unusual child rearing practices.[11] Central registers of cases are maintained for diagnostic purposes.[12]

Treatment programs (which are often also used for prevention) for abusers include 24-hour hot-lines, day care, crisis nurseries, home-maker services, job training, employment assistance, parent aides,

visiting nurses, Parents Anonymous self-help groups, [13] psychotherapy, individual or family counseling, alcohol and drug counseling, and parenting classes. Treatment for children may include foster care, day care, therapeutic preschool, psychiatry, family therapy, play therapy, art therapy, or dance therapy.[14]

Summary

Although laws and procedures for managing cases of child maltreatment vary nationwide, there is a general chronological flow of case process which is followed. The act of identification via the mandatory reporting statute alone, is not going to solve the problem. Similarly, systematic removal of the child and criminal prosecution of the abuser will not cure the problem. Rather, identification must be supplemented with investigation and intervention in the form of an individualized treatment plan for the abuser, the child, the family, and society.[15]

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IX. Conclusion

The management of the problem of child abuse and neglect is in a state of change and revision. The laws and procedures are vague and vary from jurisdiction to jurisdiction. The number of reported cases of maltreatment has been growing at a pace that overwhelms the professionals who process them. This increase is directly related to the change in the laws regarding mandatory reporting and immunity from malpractice suits as well as to changes in our social structure.

The real impact of Federal child maltreatment legislation will not be felt until the laws and procedures involved in all phases of the case flow are nationally standardized. The development of congressionally mandated standardized medical protocols, judicial guidelines, and case-processing procedures, and an infusion of Federal funds to enable agencies to apply these standards would enable the States to address the problem of child maltreatment at the level indicated in current legislation. Only with greater resources and standardized procedures can the courts, police, social service organizations, and medical facilities develop the capacity to:

- increase continuity of care/case management from the time of identification through the return of the child to the family;
- adopt an integrated multidisciplinary approach to intervention in child maltreatment;
- improve communication and cooperation among the various agencies involved;
- increase the number of professional personnel trained and dedicated to intervention in child maltreatment;
- implement additional therapeutic and preventive programs;
- provide followup to make sure that the child is thriving after the case has been closed; and
- educate the public about the seriousness of this problem and how they can contribute to its solution.

Further research is needed to determine the current incidence and severity of child abuse and neglect; to clarify the relationships between the psychological, social, familial, and economic factors

and child maltreatment; to explore promising preventive and treatment techniques; and to evaluate the effectiveness of existing programs.

Child abuse affects our entire society. It is no longer only a family problem but a social, legal, moral, and medical concern. It concerns not only the child and the abuser: all of us are involved--as neighbors, friends, relatives, citizens, professionals--as humans.

It is naive to believe that child abuse can be eradicated entirely. However, like so many other societal problems, a concerted effort can alleviate the problem to some extent and reduce the emotional and financial costs.

The costs are incalculable. For the abused and neglected child there is severe physical and emotional pain. For the abuser there may be feelings of inadequacy, insecurity, resentment, frustration, guilt, and shame. For the public there is the expense of medical treatment, court proceedings, foster care, prevention projects, and treatment programs. In addition, since every abused child is potentially an abusive parent and unstable adult, there is the inestimable cost to society of perpetuating the problem from generation to generation.

X. Selected Bibliography

1. ALDER, L. Child Abuse Victims: Are They Also Victims of an Adversarial and Hierarchical Court System? Pepperdine Law Review, v.5, n. 3:717-739. 1978. (NCJ 52504)

Court system deficiencies have hampered integrated professional efforts in child abuse cases. Adjustments related to the adversary system and court hierarchies are suggested which stress children's needs. Definitions of child abuse are presented and characteristics of child abusers are described. Historically the juvenile court has struggled with the dilemma of whether to view the dependent, abused, and neglected child as a social or legal problem. The Gault decision resulted in an emphasis on factfinding in child abuse cases and the polarization of the two attorneys involved. This adversarial system makes prosecution of child abuse difficult, because there usually are no eye witnesses, making it hard to prove legally. Adversary proceedings can have the effect of reinforcing and perpetuating family fragmentation and violence. Juvenile and family courts, which have jurisdiction over child abuse cases, are of such low status that these are disheartening to persons seeking to protect children from abuse. The users of juvenile and family courts are often essentially powerless persons from the lowest socioeconomic sectors of the population. The low status of the courts is reflected in the frequent rotation of judges, insufficient specialized training for judicial personnel, and the small amount of court time allotted to such cases (estimated at 5 percent of total court time). Specific adjustments that can have the effect of child abuse prevention are wider utilization of a family court structure, formalized and legitimized multidisciplinary prejudicial conferences among professionals (doctors, social workers, and law enforcement and legal personnel), and expanded use of court-ordered treatment plans for noncooperative parents with sanctions provided for noncompliance. Juvenile courts can elevate their status by increased participation in the community and assisting in educating the public on the unmet needs of children. Law schools should elevate the study of family law by including curriculums that emphasize child welfare specialties. (Author abstract modified)

2. ARSHACK, S., Ed. Child Abuse: Where Do We Go From Here? Conference Proceedings, February 18-20, 1977. Washington, Children's Hospital National Medical Center, 1977. 186 p. (NCJ 46783)

Six aspects of child abuse, ranging from causes and forms of child abuse to needs for court reform in handling of abuse cases, are covered by the 45 papers contained in this volume of proceedings from a national conference. This conference was sponsored by the Child Protection Center of the Children's Hospital National Medical Center, Washington, D.C., in February 1977.

Particular attention was paid to the issues of corporal punishment at home and the schools, parental rights and civil liberties, court reform, and sex abuse, as well as to the classical subjects of child abuse etiology and treatment modalities. The session on corporal punishment in the schools analyzed State legislation on the topic, presented arguments for and against, reviewed the impact of the Ingraham decision by the U.S. Supreme Court which allows corporal punishment, and presents three theoretical papers on the value of corporal punishment. The section on the causes of child abuse focused on the increasing problems of sexual abuse found in comingled families. With the increase in alternative family arrangements, the traditional sex roles of the nuclear family are absent and sexual problems increase. The problems of the step parent and the mother's "boyfriend" are particularly discussed. Other papers deal with "bonding" failure during the early mother-infant relationship and the types of mother-child interaction which seem to particularly lead to child abuse. Intervention strategies also are discussed. The relationship between sexual abuse and delinquent behavior is examined; several studies have found a strong association. Prevention techniques and therapy for both parent and child were discussed in the section on treatment modalities. The section on court reform urged that more attention be given to the trauma a child suffers in court hearings, that child abuse cases especially be held in an informal atmosphere, and that the health professional who investigates for the court not be required to make such didactic statements that further work with the family is impossible. A final workshop on parental rights and civil liberties considered requirements for programs which protected parents' rights to rear their children while, at the same time, providing for removal of the child to safe custody when the situation demands it. The use of central registries of child abuse information and the possible threat these may cause to civil liberties was discussed.

3. BAHN, C. and M. DALY. Criminal Justice Reform in Handling Child Sex Abuse. In Arshack, S., Ed., Child Abuse: Where Do We Go From Here? Washington, Children's Hospital National Medical Center, 1977. 4 p. (NCJ 46785)

It is argued that present police and court methods for handling child sex abuse cases emphasize the rights of the accused at the expense of the child and that the court experience is more of a trauma than the abuse. The current wave of concern over child sexual abuse has documented the relationship between such abuse and adult trauma. A large number of prostitutes and child abusers were themselves victims of sexual abuse. Although the problem does not seem acute at the time, it has long-range consequences. Yet, the criminal justice system is set up to treat it just as though it were like other criminal procedures and the focus

of the investigation is the immediate damage. It is questioned whether the police are really the proper persons to conduct child sexual abuse investigations. Several countries have experimented with special youth investigators. Several areas in the United States have assigned specially trained social workers to this task. Such special investigators both protect the child victim and facilitate the gathering of data. A second reform needs to be made in the courtroom. A special informal setting needs to be arranged which will not frighten the child. The child should see only the judge, the prosecutor, the defense attorney, and the youth interrogator. The accused, the jury, and the audience should be separated from the child by one-way glass. This way the defendant's rights are guaranteed and the jury can observe the defendant's demeanor during the child victim's testimony. Also, more attention should be given to training prosecuting attorneys who handle pretrial investigations. This training should include psychological understanding and counseling skills to help the child deal with the situation. All three of these approaches could be adopted either together or independently. Each also would help ease the trauma of testifying against a parent or other family member which makes the abuse even more difficult psychologically for the victim. References are included.

4. BAKAN, D., M. EISNER, and H.G. NEEDHAM. Child Abuse: A Bibliography. Toronto, Ontario, Canada, Canadian Council on Children and Youth, 1976. 110 p. (NCJ 55333)

About 900 books, journal articles, newspaper and magazine articles, television scripts, and dissertations are included in this bibliography of English and French language materials about child abuse. The bibliography is arranged in three parts: an introduction to the nature of child abuse; an alphabetical listing of the materials by author; and a subject index. Most of the items cover the years 1965 through 1975. Materials are included from Canada, the United States, England, India, Iceland, Australia, and New Zealand. The introduction covers the history of child abuse and its recognition as a social problem, symptoms and diagnosis of abuse, effects of abuse on the child, etiology of child abuse, child abuse management, and legal intervention. The materials themselves cover the psychological, social, medical, and legal aspects. A number of forensic pathology materials cover child abuse as a cause of death and the collection of evidence in cases of infanticide. Entries provide author, title, publication date, and journal citation or publisher.

5. BERNINGER, D.E. and J.F. FITZPATRICK. Child Abuse and Neglect: State Reporting Laws, May 1978. Washington, National Center on Child Abuse and Neglect, 1978. 35 p. MICHOFFICHE (NCJ 49474)

Key elements of child abuse and neglect statutes in effect on April 30, 1977, are surveyed, and reporting laws, child protective services, and judicial proceedings are considered. The first section examines several basic elements of the statutes of the 50 states, the District of Columbia, and United States territories dealing with the reporting of suspected or known cases of child abuse and neglect. The elements are (1) the purpose of the state's reporting laws; (2) the required state of mind of the reporter; (3) age limits of children; and (4) persons who must and may report. Immunity for reporting, for the retention or removal of a child, and for taking of photographs and/or X-rays is examined in relation to the statutes, as are abrogation of privileged communications, religious immunity or exclusion, and penalty for failure to report. Most states require immediate action in reporting which must be carried out according to prescribed procedures. In the majority of states, the report must be followed by mandated action to protect the child. There has been a trend toward establishing a central registry of reported cases of child abuse and neglect. Information on incidents of child abuse cases can assist medical and protective service personnel in the proper diagnosis of maltreatment and in evaluating the extent of danger to a child. As a source of research data, central registries could provide this information; however, there has been reported failure in such registries to carry out this role due to insufficient staff and space, and problems in confidentiality and access to records. Many jurisdictions require state or local agencies to operate publicity and educational programs for the public, staff personnel, and persons required to report on child abuse and intervention and treatment programs. Judicial proceedings are examined in relation to child abuse and neglect cases. Most states allow for protective custody of victimized children, either by police or other authorities. Federal law which requires that the abused or neglected child be represented for the parents and the agency, as in the case of institutional abuse or neglect, is not established widely. The most prominent trends in the area are the expansion of the categories of mandated reporters and a broadening of the concept of reportable abuse and neglect. Extension of immunity to reporters and the imposition of criminal and civil sanctions for failure to report now are being adopted by many jurisdictions. A growing number of states are directing reports to social service agencies and mandating the operation of central registries. States have begun to mandate or encourage the use of multidisciplinary teams. Reporting procedures for the states and territories are listed in a table. Appendixes include footnotes for tables, a bibliography, and a statute compilation by jurisdiction.

6. BERNSTEIN, D. Police v. Child Abuse: Protecting the Victim Comes First, Police Magazine, v.1, n. 5:58-63. November 1978. (NCJ 51705)

A Tucson, Ariz., police detective's efforts to combat child abuse by establishing a Child Abuse Unit and by improving police relations with medical personnel and social workers is described. The detective became concerned about child abuse when repeated beatings led to the death of a young child but failed to bring a conviction of the responsible party. The police had not been informed of the case until it was too late for a thorough investigation. The detective looked into the situation on his own time and concluded that Tucson had a severe child abuse problem and that abuse cases weren't being reported because the public thought nothing would be done or feared the police would jail the abusers. The detective became the Tucson Police Department's Child Abuse Unit and began to develop personal contacts with physicians and social workers, which in turn led to greater police involvement in abuse cases. One year later, a second officer was added to the unit, which was investigating up to 35 cases each month. The unit also trained police officers in proper procedures for handling child abuse incidents and made presentations on child abuse to groups of citizens. Always giving top priority to the safety of the child, the Child Abuse Unit tries to convince parents to obtain counseling, resorting to arrest and prosecution only for repeat offenders and in cases involving serious injury. The officers take into account the pressures that may have led to abuse and avoid putting parents on the offensive. Their approach has earned them the respect of physicians and Child Welfare Agency personnel, who now make special efforts to cooperate in police investigations of abuse cases. A committee of physicians, social workers, lawyers, and police meets monthly to discuss new approaches to dealing with child abuse. All Tucson hospitals have established child abuse teams. In addition, the citizens of Tucson have donated funds for two shelters, where parents can leave their children when they feel inclined to abuse them. Consideration is being given to expanding the Child Abuse Unit to encompass other kinds of domestic violence.

7. BESHAROV, D.J. Putting Central Registers To Work. Children Today, v. 6, n. 5:9-13. September-October 1977. (NCJ 47975)

Problems in maintaining and using central registers of child protection cases are discussed, with special attention to the matter of confidentiality of child abuse and neglect case records. Forty-seven states and the District of Columbia have established central registers. However, nearly all of the registers have failed to fulfill their stated diagnostic, monitoring, and statistical functions. Problems relate to insufficient staffing, incomplete and inaccurate records, one-dimensional statistical

reports, fragmented and complicated reporting procedures, absence of updated or followup reports, and matters of confidentiality. A particularly controversial aspect of the confidentiality problem arises when consideration is given to opening child abuse and neglect records to administrators, legislators, and researchers for use in planning, monitoring, auditing, evaluating, and/or conducting research. There should be provisions to insure that disclosure of information in child protection records is limited to situations in which the need to know is essential to the purpose. Persons listed in the register should have the right to review the contents of their record. There should be provisions for criminal and civil liability for the unauthorized disclosure of information in the register. As a research tool, the central register can help to determine the incidence of abuse and neglect in a state or community and the impact of different types of treatment. Properly designed and operated, the register can be an important tool in the improvement of the child protection system. (Author abstract modified)

8. BESHAROV, D. J., et al. Abused and Neglected Child: Multi-Disciplinary Court Practice. New York, Practicing Law Institute, 1978. 800 p. (NCJ 56313)

Designed as an educational supplement and reference manual for attorneys and other professionals, this collection of articles focuses on multidisciplinary approaches to the abused and neglected child. These articles are part of the Litigation and Administrative Practice Series, Criminal Law and Urban Problems course handbook series, n. 104. Following an overview of the dynamics of child abuse and neglect in the United States, decisionmaking in juvenile court, and the legal context of child abuse and neglect, subsequent sections examine the role of child protective agencies, the commencement of formal abuse and neglect proceedings, medical and related aspects of proving child maltreatment, dispositional alternatives, and the use of prosecution and defense advocacy for the benefit of the child and parent. Protective services for abused and neglected children are discussed in terms of program evaluation, the purpose of case investigation, what to look for in a child protective inquiry, filing initial reports of abuse or neglect, methods of gathering information, social assessments of abuse and neglect cases, treatment, and case monitoring. Selections on proving child mistreatment deal with the medical aspects of abuse and neglect, behavior and physical indicators, the characteristics of abusing families, emotional maltreatment, intrafamily sexual abuse, the role of the social worker in court, and trial issues in child abuse cases. Appended materials include articles on the legal aspects of reporting known and suspected cases of abuse and neglect, the history of society's inhumane attitude toward

children, and the expanding right of minors to treatment. References are footnoted within individual selections. For selected readings, see NCJ 56314-56320.

9. BORLAND, M. Violence in the Family, Atlantic Highlands, New Jersey, Humanities Press, Inc., 1976. 162 p. (NCJ 46613)

A collection of papers is presented by members of various professions concerned with battered wives and children. All but one of the papers included were presented at conferences at Manchester University, England, in 1974 and 1975. The papers give a picture of the different views and aims of some of the professionals and organizations who deal with the phenomenon of physical violence in the family. Similarities and differences between violence directed toward children and that directed toward women and varying approaches to each problem are shown throughout. A psychiatrist explains what sort of people are likely to vent their aggression on those nearest to them and why. Factors such as drugs and alcohol which may contribute to the incidence of various types of abuse are examined. A sociologist reviews societal conceptions of violence. A pediatrician identifies typical injuries and other symptoms which may indicate that a child has been abused. An official of the National Society for the Prevention of Cruelty to Children describes the organization and the way it approaches the problem of child abuse. A lawyer examines the protection available and remedies open to children and spouses who are being subjected to physical violence. A psychologist focuses on the problems of battered wives--the extent of the problem, the social backgrounds of battered women, effects on their children, the woman's legal position, the attitudes of society, and services available to the women. A police superintendent describes the role of the police in dealing with domestic violence. Finally, a social worker examines the obstacles to better cooperation between the agencies concerned with the problem. An index is provided.

10. BOURNE, R. and E.H. NEWBERGER. Critical Perspectives on Child Abuse. Lexington, Massachusetts, Heath Lexington Books, 1978. 238 p. (NCJ 53271)

This collection of essays on child abuse examines a variety of topics concerning analytic approaches to knowledge, practice, and policy involving the causes, treatment, and prevention of child abuse and neglect. The book begins with an overview that presents some of the difficulties in defining child abuse and neglect, explaining their extent, detailing the various conditions with which they are associated, and effectively intervening for the purpose of treatment and prevention. Remaining chapters discuss

the following topics: (1) the myth of the battered child syndrome; (2) concepts of child abuse knowledge and epidemiology; (3) principles and implications of existing pediatric practices with respect to child abuse; (4) the scope of violence toward children in the U.S.; (5) the complex nature of child abuse; (6) conceptual and practical pitfalls in broadened definitions of child abuse; (7) standards relating to abuse and neglect; (8) ambiguity and conflict in proposed standards for abuse and neglect; (9) the medicalization and legalization of child abuse; (10) policy, politics, and the Child Abuse Prevention and Treatment Act; and (11) the prospect of failure of attempts to control abuse in America. A followup study of traumatized children is provided, along with tabular data, references, and an index. See also NCJ-53272, 53273, 53274, 43275, 51440, 19305, 43147, 44235, 51441, 48091, and 42980.

11. BURHANAN, A. and J.E. OLIVER. Abuse and Neglect as a Cause of Mental Retardation: A Study of 140 Children Admitted to Subnormality Hospitals in Wiltshire (England). British Journal of Psychiatry, v. 131:458-467. 1977. (NCJ 51246)

Physical abuse is believed to be the cause of brain damage and subsequent impairment of intellectual ability in up to 11 percent of 140 handicapped children surveyed at 2 subnormality hospitals in England. Although previous research had linked child abuse to subsequent mental retardation, the discussed survey was the first to assess the number of children in subnormality hospitals whose handicap might be related to such abuse. The study further endeavored to determine what part neglect and deprivation had played in reducing intellectual potential, with resultant admission to hospital facilities. The hospitalized children were examined, with efforts made to obtain all of the childrens' medical and family records. Medical diagnoses were made by consultants, and were based on the investigations of pediatricians. Violence-induced handicaps were ascertained through correlation of medical evidence with statements of parents, observations of relatives, and the diagnoses of professionals. Potential subjects were screened to determine how many had preexisting abnormalities so as to include in the survey only those children who had been passed as normal at the age of 3 months. At least 3 percent of the children suffered assaults which had left them profoundly mentally handicapped, with evidence of retinal hemorrhages and intracranial bleeding. An additional 8 percent of the children might have had their handicaps caused by a variety of abuses. For 48 percent of the children there was recorded evidence of inadequate parental care. Violence-induced handicaps are apparently more common as a cause of intellectual impairment than previously believed, and evidence of such handicaps should be documented and investigated upon the initial examination of an injured child. Neglected children or those with prenatal handi-

caps may be particularly vulnerable to handicaps induced by violence and/or neglect. The public should become aware of the possible consequences of abuse, especially of shaking and suffocation. Tabular data and references are included.

12. CARROL, N.A. and J.W. REICH. Issues in the Implementation of the Parent Aide Concept. Social Casework v. 59, n. 3:152-160. March 1978. (NCJ 51986)

Lay personnel become empathic friends to child-abusing parents in order to help them with parenting in a Phoenix, Ariz., program. The program's structure, training, problems, and degree of success are described. Based on a concept developed by the National Center for the Treatment of Child Abuse and Neglect in Denver, Colo., the Phoenix Parent Aide Project was begun in 1974. The project is sponsored by the Maricopa County General Hospital and is based on the belief that the emotional needs and pressure reactions of child-abusing parents can be relieved through relationships with supportive, caring, nonjudgmental, helping friends who do not bear the symbols of authority associated with professional social workers. It is believed the Phoenix Parent Aide Project has borne out this thesis. Parent aides are hired through interviews designed to reveal the empathic qualities of personality and characteristics of emotional maturity, regardless of educational background. For those selected, training is provided in the following areas: establishing contact, basic interviewing and listening skills, communication exercises, the psychology of giving and receiving help, and community resources. The trained parent aide is expected to provide a nurturing relationship to the abusing parent who has been inaccessible because of hostility or isolation, serve as advocate for abusive parents in the community, and promote coordination of existing services which work with abusive families. The selection of families to be helped, crucial issues in working with parents, sustaining the parent aide's motivation, and the relationship between the aide and the professional social worker are discussed. It is noted that 85 percent of the parents assigned to the program did not abuse their children after contact with a parent aide.

13. CHILDHOOD EXPERIENCES AS CAUSES OF CRIMINAL BEHAVIOUR: ISSUE NO.19-CANADA. Ottawa, Canada, Printing and Publishing Supply and Services-Canada, 1978. 41 p. MICROFICHE (NCJ 49652)

A medical doctor and expert in child abuse and neglect testifies before the Canadian Senate on July 4, 1978, on historical views of child abuse, child abuse and neglect research, and factors which indicate that a child is abused or that parents are potential abusers. There was little mention of child abuse and neglect

and the effects of this kind of treatment in a child's later behavior until the writings of Hogarth, Dickens, and Jacob Riis in the 1700 and 1800's. In 1966 and 1967, the first U.S. studies were conducted which considered the early childhood of persons who later had been convicted of violent crime. A 1967 study found that five factors apparent in the personal histories of a sample of murderers, include severe emotional deprivation in childhood, parental seduction, exposure to brutality and extreme violence in the home, and early inclinations to fire-setting and cruelty to animals. It is maintained that some children react differently to child abuse because they have different temperaments and coping skills, and have different environments and contacts outside the home. The basic dynamic in physical abuse of children is role reversal, which is the interchanging of traditional role behaviors between the parent and the child. Parents in these role reversal cases usually want their children but place unrealistic expectations on the child; they often have had abusing parents. Unwanted children also are subject to neglect. Juvenile delinquents have characteristics similar to abused and neglected children. They usually lack common sense or a developed sense of humor, and generally are not able to appreciate moral boundaries or rules learned from parent models. Research is cited which indicates that violent adult behavior is predictably linked to child abuse and neglect and that child abuse risk is apparent and can be controlled through use of visits by a health nurse or social workers or other crisis intervention programs. Effects of television, childhood pets, and adoption situations on later behavior also are considered.

14. DERDEYN, A.P. Child Abuse and Neglect: The Rights of Parents and the Needs of Their Children. American Journal of Orthopsychiatry, v. 47, n. 3:377-387. July 1977. (NCJ 43002)

The legal rights of parents relative to custody of their children are reviewed and examined along with consideration of the needs and rights of children. The trends in treatment and in legal decisions with respect to custody of abused and neglected children are reviewed. Parental rights, including a familial right to treatment, are discussed in terms of the needs of children, for their parents and for a safe home environment. It is argued that the critical point for the assertion of parents' rights is not the ultimate custody hearing but the initial decision to remove the child from its home.

15. DICKENS, B.M. Legal Responses to Child Abuse. Family Law Quarterly, v. 12, n. 1:1-36. Spring 1978. (NCJ 50942)

Legal principles and problems found in structuring and operating family intervention upon evidence of child abuse or neglect are discussed, and some recommendations are presented at the Second World Conference of the International Society on Family Law in Montreal, Canada, in June 1977. Child abuse legislation and case law in the United States, Canada, and England are discussed. Legal definitions of child abuse and children in need of care are considered along with the physical, emotional, and mental health of minors, which results in interlocking schemes of compulsory reporting, institutional intervention, and judicial proceedings. There is a lack of universality and clarity in official regulations defining child abuse and describing persons trained to identify the crime. Child abuse should be objectively assessed through individual conditions and circumstances rather than through an arbitrary determination of parental immorality. Professionals such as physicians, social workers, and teachers are in a position to identify abuse, and it is realistic to develop legal schemes for controlling child abuse that are addressed to these segments. Judicial opinion permits intervention when a reasonable apprehension of abuse exists; however, a stronger standard of proof may be required. Legislative issues on reporting are concerned with who should have reporting duties, whether or not the duties should be legal, who should be reported, and what rights should be acknowledged for those reported. A formula might be provided making compulsory reporting applicable to any person who has cause to suspect child abuse during the course of professional activities, and minor fines might be issued for failure to report. Self-reporting should not be deterred by penal consequences. The varieties of child abuse afford considerable choice as to classification and penal response to the crime. Punishment of offenders is not always compatible with the victims' best interest if the offender and victim share a continuing relationship, nor is incarceration suitable for improving a child abuser's parenting skills. Levels of judicial protection include official supervision of the child, temporary removal of the child from the home, and permanent removal. The conflict between individual rights and child protection in child abuse trials is noted. There are often no witnesses and the jury must judge on circumstantial evidence. There is also confusion about the function of the child's counsel. A trend toward centralized recordkeeping of abuse cases creates a clash between information privacy and the information need spurred by new team treatment methods. Finally, the role of public organizations is discussed and their possible conflict with police services is considered. References are footnoted.

16. ENSMINGER, J., et al. Dealing With Sexual Child Abuse, Vol. 2. Chicago, National Committee for Prevention of Child Abuse, 1978. 39 p.
(NCJ 54468)

An overview of sexual child abuse, treatment of child sexual abuse by the law, and ways in which the medical professional, social worker, and psychotherapist can deal with sexual child abuse are considered. Approaches to dealing with the problem of sexual child abuse are described. An overview of the problem notes that it is an especially difficult situation to confront with community resources, because of fear, shame, and guilt accompanying it and the stressful, emotional involvement of each family member. Frequently, the matter is kept secret by family members, which generally serves to increase the isolation and alienation of the victim from members of the family. The executive director of the National Committee for the Prevention of Child Abuse answers questions concerning the response of law to sexual abuse. While incest is a crime throughout the United States, the law cannot prevent sexual abuse effectively. Because an offender within the family has an emotional relationship with the child that may motivate him to seek treatment, family court usually can deal with incest. If an outsider has assaulted a child, the criminal court has jurisdiction. The medical professional's role in child sexual abuse includes relating to the victim and his/her parents. The procedure for the physical examination of the victim is described. The physician's, legal obligations also are indicated. The functions of the social worker in relation to child abuse are discussed under the headings of "Identification of Sexual Abuse," "The Social Worker as Case Manager," and the "Social Worker as Therapist." In considering the role of the psychotherapist in dealing with situations of sexual child abuse, the team concept is emphasized, and six rules for evaluating and managing incestuous child abuse are stated and discussed. Guidelines to therapeutic teamwork also are provided. Bibliographies are provided at the conclusion of each major section. See NCJ-54469 for Volume 1.

17. FISHER, G. D. Interdisciplinary Management of Child Abuse and Neglect. Pediatric Annuals, v. 5, n. 3:114-128. March 1976. (NCJ 52242)

The legal structure for dealing with child abuse and neglect is discussed under three categories: criminal laws, child-abuse reporting laws, and adoption laws. It is noted that criminal laws relevant to child abuse do not, in most cases, focus specifically on the mistreatment of children, but apply to injuries done to any person by another. Criminal codes prohibiting murder, manslaughter, assault, battery, fornication, and prostitution are mentioned as applicable to most forms of severe child abuse. Child neglect is indicated to be more difficult to prosecute under criminal codes because of the requirement to prove willful intent. While the use of the criminal law against abusive parents forcibly can stop further abuse and place abusive parents in a controlled environment that may aid rehabilitation, it

is indicated that high recidivism rates among child abusers and a reluctance by parents to seek treatment out of fear of criminal prosecution renders criminal laws largely ineffective in deterring and rehabilitating child abusers. Child abuse reporting laws, which are civil in nature, are discussed as tools for stimulating the expanded identification of incidents of child abuse by requiring certain professional groups, notably physicians, to report to police or child welfare agencies cases of suspected child abuse. The general format and operation of these laws in the states are described. Procedural confusions, lack of adequate programs of followup based on reporting, and the continued reluctance of physicians to report suspected abuses are considered to hamper the effectiveness of reporting laws. It is suggested that the most effective method of encouraging reporting by professionals is the use of the interdisciplinary team approach, where physicians, psychologists, psychiatrists, nurses, social workers, lawyers, police, clergy, and teachers are brought together as a team to consider specific cases on the basis of presented injuries, histories, or inconsistencies. Adoption laws provide for the termination of parental rights in relation to custody of and contact with a child. While this action may be employed in severe cases of child abuse, it is noted that the courts generally have been reluctant to involuntarily terminate parental rights. The appointment of a guardian ad litem and the general role of lawyers for both parents and children in child abuse cases also are discussed.

18. FONTANA, V.S. Somewhere a Child Is Crying: Maltreatment, Causes and Prevention. New York, MacMillan Publishing Co., 1973. 288 p.

(NCJ 13392)

This book discusses the battered child syndrome, its causes, such as sick families, and failure of the courts to remove children from the homes of unfit parents; advice on recognizing neglected children is offered. Several case studies are presented to illustrate common situations under which physical abuse of children occurs and the horrors of this abuse (death, permanent deformities, and emotional disorders). These case studies also indicate the reluctance of the courts to remove a child from his natural parents, despite the danger of physical abuse. The author notes the abuse which occurs due to the inability of court agencies to properly supervise families seeking help because of insufficient staff and overwhelming caseloads. The author outlines a concrete program for eliminating its causes and preventing further tragedies. Emergency hotline numbers to call and a checklist of diagnostic guidelines are provided for teachers, neighbors, or anyone who suspects instances of child abuse. Suggestions for establishing preventive programs in schools, colleges, and social agencies also are made.

19. FONTANA, V. S. and D. S. BESHAROV. Maltreated Child: The Maltreatment Syndrome in Children: A Medical, Legal and Social Guide, 3d. Ed. Springfield, Illinois, Charles C. Thomas, 1977. 176 p. (NCJ 44880)

The nature, causes, and extent of child maltreatment are presented; the broadening role of law as a framework for the child protective process is emphasized. An introductory historical review of child abuse is followed by a description of the types of abuse and neglect which are inflicted on children. Statistical information is supplied. Clinical and X-ray manifestations of the maltreatment syndrome are outlined along with methods of differential diagnosis to help the professional confirm any suspicions of maltreatment in a child. Further chapters cover social manifestations; medical, legal, and social responsibilities; the legal framework for child protection; a model child protection act; and case reports and case illustrations. Throughout the text, the need for social investigation, disposition, intervention, treatment, and followup is emphasized. The authors stress that the complex and variegated nature of child abuse and neglect precludes the possibility of arriving at a single solution. The need for massive programs on parenting and family care, programs which are standardized in quality and which emphasize prevention and early detection, is delineated. These programs must be developed and administered effectively by the medical, legal, and social disciplines which are responsible for child welfare. References and an index are appended. (Author abstract modified)

20. FONTANA, V.J. and E. ROBINSON. Multidisciplinary Approach to the Treatment of Child Abuse. Pediatrics, v. 57, n. 5:760-764. May 1976. (NCJ 46735)

A team of professional and paraprofessionals provides an innovative, therapeutic approach to the treatment of child abuse and neglect among a deprived and disadvantaged population of abusing mothers in New York City. In 1973, the New York Foundling Hospital Center for Parent and Child Development began a demonstration program utilizing a multidisciplinary treatment approach designed to work with parents toward improving parental responsiveness and decreasing social and environmental stress that can lead to child abuse. There are two components to the program: a resident patient plan and an outpatient "I care" program. The inpatient component provides a residence accommodating 8 mothers and 8 to 10 children. The mothers live in the residence for 3 to 4 months and then return to the community where aftercare supervision and support services are provided. Upon admission to the program, patients are administered a battery of psychological tests. Through use of interviews and daily observations of mother and child during the first 3 weeks, individual treatment plans are formulated utilizing professional and paraprofessional services for achieving treatment goals. Each mother is assigned a lay therapist who serves as a friend and advocate and who also acts as a liaison with other

agencies in securing housing, a job, education, or day care for the child. The therapist also is involved in teaching the mother how to discipline her children by demonstrating appropriate mothering techniques. The treatment principle of the program emphasizes the notion of role-modeling, based on the premise that abusing and neglectful mothers perpetuate the inadequate mothering which they, themselves, received. Video tape feedback helps the mother analyze her progress. The outpatient "I care" program offers identical services but the patients remain in their homes and receive therapeutic assistance there, while reporting to the center for services. In 2 years the program has served 62 families. Intervention was successful in preventing separation of the mother from the child in 65 percent of the cases. In the remaining cases, long-term separation has been necessary. The mothers ranged in age from 17 to 28 years; the average age was 22. Fifty percent of the mothers were black, 35 percent of Spanish origin, and the remainder were Caucasian. The majority of the mothers suffered from unsatisfied dependency needs and depressive attitudes, often leading to a sense of frustration, vulnerability, and self-hatred. As a direct result of the program, 20 mothers moved into new and improved housing, 16 moved into new neighborhoods, 7 secured employment, and 9 reported an improved relationship with other family members. References are provided.

21. FRASER, B.G. Educator and Child Abuse. Chicago, National Committee for Prevention of Child Abuse, 1977. 45 p. (NCJ 46234)

This booklet explains why educators are often the first to discover child abuse, their obligations under the law, and what happens once a child abuse report is made, including the educator's immunity from liability. Today all 50 states, the District of Columbia, Puerto Rico, and Virgin Islands require the reporting of suspected child abuse, and 37 states specifically mandate educators to report such suspected abuse. In each of these states, the teacher, principal, or other school official making such a report in good faith is immune from liability. Most children who die from abuse are under age 5. A reason for this is probably that after this age, society, in the form of preschools and kindergartens, becomes involved with the child and can intervene in the most flagrant cases. However, less obvious forms of neglect and abuse often go unreported. To help educators understand and recognize cases of more subtle child abuse and neglect, the "abnormal child-rearing cycle" leading to abuse is explained, and a checklist of clues is presented. Contrary to popular belief, it is not the educator's responsibility to investigate; a report will alert the appropriate official of the need to look into the case. Unless the teacher actually sees the child being beaten, there is no need for the educator to be called as a witness. In some child welfare agencies, lack of staff makes it difficult to followup reports. In such cases, the school can assist the child by becoming an advocate and continuing its followup through the agency. The steps of a competent in-

vestigation are given in detail. Educators are urged to be aware of the forms child abuse investigations take in their own areas and to secure copies of their state's reporting statutes.

22. _____. Independent Representation for the Abused and Neglected Child: The Guardian Ad Litem. California Western Law Review, v. 13 n. 1: 16-45, 1976-1977. (NCJ 43165)

This reprint examines the historical treatment of the phenomenon of child abuse, the concept of the "guardian ad litem" (one appointed by the court), and its importance in protecting the rights of the abused child. The Child Abuse Prevention and Treatment Act of 1974 provides for the mandatory appointment of a guardian ad litem to represent an abused or neglected child's independent interests in any case that results in a judicial proceeding. A typical child abuse case consists of three steps: (1) identification under the mandatory reporting statute of actual or potential child abuse; (2) investigation, usually carried out by a state social services department; and (3) intervention, if warranted, in the form of services and treatment for parents and child on a voluntary basis, or the filing of a court case. The abused child needs and is entitled to some form of independent advocacy, such as a guardian ad litem, at each stage of the process. Historically, the guardian ad litem was appointed to represent a child defendant. In child abuse cases, however, his role is not adversarial. As an officer of the court, the guardian ad litem functions as an investigator, an advocate, a counsel, and a guardian. In the latter capacity, he may request that the court assume temporary protective custody if the child is judged to be in immediate danger in the home environment. As an advocate and counsel, he must be present at all formal hearings. The appointee logically should be an attorney, although this is not required by law. In 1977, existing statutes offered little guidance for guardians ad litem once appointed. The author suggests that the legislation be regarded as a framework within which the individual guardian must use his own judgment and creativity in representing the child.

23. GELLES, R. J. Community Agencies and Child Abuse: Labeling and Gatekeeping. Washington, 1975. 27 p. MICROFICHE (NJC 54912)

The role of community agencies in diagnosing and then labeling suspected cases of child abuse and the results of this labeling are examined. The factors underlying decisions to report suspected abuse cases are discussed. This is a revised version of a paper presented to the study group on Research and the Family on October 1975. Hospitals, health care clinics, schools, public social work agencies, private social work agencies, and the police play an active role in the channeling of child abuse cases into the health and welfare system. The

current level of knowledge about child abuse is heavily dependent on this diagnostic process because most studies deal with cases labeled as abuse by such social welfare agencies. The factors which lead professionals to diagnose one case as possible abuse and another as an "accident" are examined. The major factor is seen as the professionals' view of their role in child abuse. A survey of community workers found that nurses, social workers, clergy, and the police were the only professional groups who stated they would get personally involved in an abuse case. Educators avoid personal involvement because of the political problems involved. Physicians may report abuse in an emergency room or clinic setting but are unlikely to report it in private practice. Instances in which physicians deliberately ignored abuse symptoms are cited. Because of this process families labeled as abusive tend to be those with little social power, the poor and minorities, and even these cases are not well-served. One study found that those who actively seek help often are shuffled from agency to agency until they are lost from the system. The need for coordination, exchange of information, and greater efforts to overcome the resistance to reporting abuse is discussed. Notes and references are appended.

24. . Profile of Violence Towards Children in the United States.
Philadelphia, Pennsylvania, 1978. 32 p. (NCJ 54050)

This national study of violence toward children in the United States examines factors related to the use of violence by parents and the extent of child abuse. It was presented at the Annenberg School of Communications conference titled "Child Abuse--Cultural Roots and Policy Options" in Philadelphia, Pa., on November 20, 1978. The overall goals of the study were to explore the incidence, patterns, and causes of family violence among husbands and wives, parents and children, and siblings. Family violence was defined as an act carried out with the intention or perceived intention of physically hurting another person. Data for the study were based on interviews with a nationally representative sample of 2,143 couples, of whom 1,146 had one or more children between 3 and 17 years of age living at home at the time of interviews. Interviews were conducted with husbands in about half of the families and with wives in the other half. Violence and the incidence of violence were measured using a series of questions called conflict tactics scales. There was a small but significant difference between mothers and fathers in the use of physical violence toward children. Mothers were slightly more likely to be violent than fathers. Boys were more likely than girls to be victims of parental violence. Children most vulnerable to physical abuse were the youngest children (3 to 5 years of age) and the oldest children (15 to 17 years of age). Families with young parents, blue-collar workers, lower incomes, two to seven children, and where family decisionmaking powers concentrated on one parent are more likely to be abusing families. Factors associated with violence toward children involved region of country, city and county, race, religion, age, education,

income, occupation, unemployment, stress, and family structure. The profile of violence toward children is viewed as useful in identifying characteristics that are associated with abusive parental actions. Social factors are related to child abuse, and the study findings have clear implications for family policy development. Research on the extent of violence toward children is reviewed with regard to physical punishment, child abuse, deaths of children by violence, and whether child abuse is increasing. Supporting data from the national study are provided, and references are cited.

25. GIL, D. G. Child Abuse and Violence. New York, AMS Press Inc., 1979. 614 p. (NCJ 56404)

Theoretical and empirical perspectives on child abuse and its relation to violence in society are presented in a collection of 31 articles. The articles, one-third of which appeared originally in the American Journal of Orthopsychiatry, were selected for their insights into individual, institutional, and societal violations of the needs, rights, and development of children, and into the sources and dynamics of violence. The articles represent attempts to overcome obstacles (fragmentation, unidimensionality, victim blaming, superficiality, value neutrality in problem definition) that persistently limit comprehension of social problems such as child abuse. The first of the book's three sections includes articles on the nature and prevention of child abuse, governmental involvement in controlling abuse, child abuse as psychopathology, deprivation of physical affection as a source of violence, the social construction of child abuse, child abuse as an evolutionary mechanism associated with population-resource balance, and public knowledge of and opinions about child abuse. Manifestations of child abuse and neglect at the interpersonal, institutional, and societal levels are explored in articles on conditions in a juvenile detention center, the extent and nature of physical abuse of children, corporal punishment in the schools, service providers' responsibilities to children, the ecology of human development, developmental characteristics of abused children, attitudes of Americans toward children, violence among ghetto children, pediatric practice and child abuse, and abuse prevention. Other articles link child maltreatment to the larger issue of interpersonal and structural violence in society, discussing such topics as family violence, socialization, social class and corporal punishment in child rearing, aggression on the playground, family experience and support of the death penalty, abortion, the effects of violence in childhood, war and children, and the societal roots of suicide. An index is provided. For individual articles, see NCJ-07931, 19304, 19307, 19308, 26370, 32162, 42980, 44716, 50691 53274, 55455, and 56405-56414.

26. _____ . Violence Against Children: Physical Child Abuse in the United States. Cambridge, Massachusetts, Harvard University Press, 1973. 235 p. (NCJ 51367)

This book examines and interprets the context of the social and cultural forces associated with child abuse. The significant facts revealed in an examination of a series of nationwide studies on child abuse show that it is intensifying and increasing. A survey of public awareness, attitudes, and opinions in the United States has been conducted to obtain an estimate of the scope of this phenomenon. A conceptual definition of child abuse based on the behavior of perpetrators, rather than on the consequences of such behavior, is offered. The issues of recent public interest and an illness-as-cause hypothesis are studied. A typology of abusive parents has been developed to serve as a guide for treatment. The major study focused on incidents of physical abuse reported through legal channels in the United States and the U.S. territories during 1967 and 1968. The findings suggest that violence against children is rooted in culturally determined theories and practices of child rearing, with a higher incidence among the lower educational and socioeconomic strata of society, among broken families, and among families with four or more children. It is concluded that the most serious form of child abuse is that inflicted by society rather than by parents and guardians. This societal abuse is manifested by the statistics on infant mortality, hunger, malnutrition, poverty, inadequate medical care, poor education, and officially sanctioned physical abuse in schools, correctional institutions, child care facilities, and juvenile courts. An index, tabular data, and appendixes with samples of survey instruments, research schedules, report forms, and testimony are provided. (Author abstract modified)

27. HAEUSER, A. A., J. STENLUND, and L. DANIEL. Policy and Program Implications in the Child Abuse/Neglect: Juvenile Delinquency Correlation. Milwaukee, Wisconsin, University of Wisconsin, 1977. 26 p. MICROFICHE (NCJ 45815)

The high correlation between child abuse/neglect and subsequent juvenile delinquency (42 percent) is discussed, and implications for relevant policies and programs are analyzed at the symposium on Child Abuse and Juvenile Delinquency, Seattle, Wash., on July 22, 1977. The correlation between child abuse/neglect and juvenile delinquency strongly suggests that family dysfunction is a major underlying factor. Furthermore, research clearly indicates that family discord and punitiveness are associated with antisocial behavior in children. Thus it would seem that child abuse policies and programs should be aimed at remedying family dysfunction and related stress factors. This has not, however, been the case, largely due to societal ambivalence toward the rights of children on the one hand and the need to control them on the other. This ambivalence is exemplified in the

permissible use of corporal punishments in the schools and mandated child abuse identification and reporting. The family as an inviolable institution and the rights of the individual are concepts which have further influenced policies and programs. While passage of the 1974 Abuse Prevention and Treatment Act has done much to improve identification and reporting of child abuse, implementation of adequate community-based treatment and prevention programs is still lacking. The emphasis has been on foster home placement or residential treatment of the abused child. Consequently, laws intended to protect children from maltreatment and preserve family life have in actuality had the opposite effect of further disrupting family ties and exposing the child to institutional abuse and neglect. This is particularly true when, as is the case in many states, abused children are placed in understaffed and overcrowded juvenile detention centers or training schools. Clearly, policies and programs which rely on substitution of families rather than on support for families cannot be expected to solve child abuse and its associated problems. Family support policies, wherein the state provides resources and outreach programs to facilitate parenting and family life, are needed. While family policy research and discussion are seen as hopeful signs, the existence of a firmly entrenched child welfare system which emphasizes foster care and institutionalization will make policy reform difficult. It is concluded that curbing the violence in families and institutions which breeds juvenile delinquency and other problems will require the provision of services to families and children in their own homes and the availability of benefits to enable every family to enjoy a decent standard of living. References are included.

28. HELFER, R. E. Battered Child, 2 Ed. Chicago, Illinois, University of Chicago Press, 1974. 276 p. (NCJ 32208)

Collection of eight articles on the history and medical, psychiatric, social, and legal aspects of child abuse and infanticide is presented. A study of typical cases, this book emphasizes the stated and implied motivations of the parents, guardians, etc., who beat their children. The specific topics covered are as follows: history of child abuse and infanticide, the responsibility and role of the physician, radiologic aspects of the battered child syndrome, the pathology of child abuse, a psychiatric study of parents who abuse infants and small children, the role of the social worker, the law and abused children, and the role of the law enforcement agency. The appendix contains a summary of selected neglect and traumatic cases, a state-by-state summary of child abuse reporting laws as of 1973, and a copy of the April 1972 report of the New York State Assembly Select Committee on Child Abuse. (For the 1st edition, see NCJ-1871.)

29. _____ . Child Abuse: A Plan for Prevention. Chicago, National Committee for Prevention of Child Abuse, 1978. 42 p. (NCJ 54454)

Modifications in the delivery of health care services and educational systems are proposed in order to prevent major and frequent breakdowns in the interaction between parents and their children. The proposed prevention program does not attempt to single out for special treatment persons who show, under reliable testing, potential for child abuse. It is believed that breakdown in parent-child interactions is so widespread that community programs to aid all parents in parenting skills and knowledge are required. The health care system and the public education system are identified as the principal deliverers of the proposed prevention services. Phase one of the prevention program aims at enhancing the parent-baby attachment during the perinatal period. The program described would require each hospital to hire a full-time director for the perinatal attachment program, and a volunteer staff would serve as "coaches" for parents during the months of pregnancy, the period of delivery, and in the home for a brief period after leaving the hospital. The program's aim is to develop patterns of healthy interaction with the baby based on expert knowledge of parenting skills and behavior most nurturing for the baby's emotional and physical health. Phase two of the prevention program deals with the enhancement of positive parent-child interaction in the first five or six years of the child's life. Two alternative plans are proposed whereby parents will be taught child development and parent-child interaction. The curriculum would be taught by child development specialists and physicians. The third and final phase of the prevention program would be instituted in the period from kindergarten through grade 12, and is designed to improve the interpersonal skills of all children attending public and parochial schools. This program would involve including public education courses that teach interpersonal skills appropriate for the specific age group being taught. It is proposed that a Federal Children's Trust Fund be established to finance the proposed program nationwide. Starting procedures, research, and evaluations are considered briefly.

30. HOFFMAN, E. Policy and Politics: The Child Abuse Prevention and Treatment Act. Public Policy, v. 26, n. 1:71-88. Winter 1978. (NCJ 48091)

The legislative history of the Child Abuse Prevention and Treatment Act is reviewed. The focus is on the interaction between policy and political decisions. One role of the Senate Subcommittee on Children and Youth, created in 1971, was to assess the issue of Federal involvement in the identification, prevention, and treatment of the abused and neglected child. The subcommittee began to research this issue and attempted to identify successful programs which might serve as models for prospective legislation. In 1972, S. 1191 was introduced into the House and Senate. The legislation called for (1) creation of a National Center on Child Abuse and Neglect; (2) initiation of

a program of grants and contracts for demonstration projects; (3) establishment of a National Commission on Child Abuse and Neglect to assess the effectiveness of existing pertinent laws; and (4) state adoption of procedures for child abuse prevention, identification, and treatment as a requirement for receipt of Federal funds. Two open hearings on the bill in 1973 received intensive and widespread media coverage, bringing the issues involved before the public. During action in the House and the Senate, the original bill underwent a number of revisions before finally becoming law in January of 1974. The customary interactions of policy and politics produced the final version of the bill; media coverage provided a favorable climate for passage, while funding concerns led to an incremental approach to the problem. Questions such as where the program should be administered, how money should be distributed and spent, and who should receive services were resolved through a combination of Senate action, House action, and negotiation with the administration, followed by bargaining and agreement among all three factions to shape the final product. The act's approach is political, which suggests that, in a time when economic and other forces militate against accomplishing major social policy breakthroughs, it may be wise to take some modest steps toward a broader identified goal. It is urged that programs such as the Child Abuse Act be judged at least in part by their intended goals, however limited such goals may be.

31. JOHNSTON, C. A. Art of the Crisis Line for Child Abuse Prevention: A Training Manual for Volunteers. Oakland, California, Parental Stress Service Inc., 1976. 87p. (NCJ 55161)

The dynamics of child abuse, identification of high-risk children and parents, telephone counseling, the legal aspects of crisis intervention, confidentiality, and making referrals are covered in this training manual. The introduction covers volunteer recruitment and the physical aspects of setting up a training course. Additional resource materials also are suggested. Individual chapters cover normal and abnormal child-parent relationships, basic child development, symptoms of child abuse, techniques for volunteers staffing a telephone hotline, working with abusing parents, resources, and making referrals. A final chapter covers office procedures for this particular project. Each chapter is set up as a class session, presenting materials relevant to the topic, suggesting training exercises, and recommending materials to be handed out to the class. The appended materials cover handling the chronic caller, handling the true crisis call, needs of both parents and children, charts illustrating possible interactions among callers and volunteers and among persons generally, lists of key words which callers use to describe emotional states, and procedures for handling calls. A history of Parental Stress Service, Inc., also is appended.

32. KALISCH, B. J. Child Abuse and Neglect: An Annotated Bibliography. Westport, Connecticut, Greenwood Press, 1978. 566 p. (NCJ 51322)

This reference tool, second in a bibliographic series on contemporary problems of childhood, includes literature from the late 1800's to 1977 on a number of topics. It is directed toward researchers, human service workers, and lay persons interested in child abuse. The entries on the subject of child abuse and neglect include general surveys, historical studies, problem definitions, demographic variables, and legal issues. Entries also are included on prediction, detection, prevention, causative factors, manifestations, treatments, sexual abuses, and legal issues involving these subjects. Each subject section is divided into subsections, with entries arranged alphabetically. The bibliography opens with an overview of the child abuse and neglect issue. A user's guide, author index, and subject-key-word index are provided. The appendixes contain lists of basic bibliographic tools and of selected organizations interested in child abuse and neglect in the United States. They also contain a reproduction of the Child Abuse Prevention and Treatment Act that is part of Texas law. A list of journal abbreviations also is included.

33. KATZ, S. N. et al., Laws on Child Abuse and Neglect: A Review of the Research. Washington, National Center on Child Abuse and Neglect, 1976. 56 p. MICROFICHE (NCJ 45860)

The status of child abuse legal research is assessed, with concentration on these opposing points: the need to intervene on the one hand and the failure of the law and the courts to do so on the other. In the U.S., parents traditionally have had the right to raise their own children in their own way unless some evidence of gross misconduct reaches the court or an outraged public. However, in the past 15 years emphasis has shifted from punishment to intervention, and statutes have been passed requiring the reporting of suspected child abuse and expanding the court's right to intervene. All states grant immunity to professionals or others who report child abuser, and 20 states impose penalties for failure to report. Many require the reporter to identify the suspected abuser. This puts physicians in a difficult legal situation. Such requirements are described as counterproductive. A requirement of written reports may cut down on the number of false reports but also may deter many individuals from making any report at all. Lack of funding is one of the greatest obstacles to the implementation of child abuse laws. Lack of personnel training and unclear mandates from responsible agencies also are problems. In addition, conflicts frequently arise among jurisdictions within a state or between states. Because abusing families often are highly mobile, these conflicts hinder prosecution of the case and often preclude any aid to the child. Interstate compacts and emergency jurisdiction may help solve this problem. Special jurisdictional problems occur with American Indian or military families. As long as Indians remain on the reservation they are subject only to the laws of the Federal

Government, U.S. military code, or the respective Indian tribal council. In 25 states, courts can exercise jurisdiction over abuse or neglect committed by Indians only if it occurs off the reservation or if it results in the death of the child. The problem is equally difficult if the abuse is committed by a military dependent living on a base. Federal courts generally will not hear such cases due to a lack of congressional mandate and procedures. The U.S. Army has faced the problem and has provided mechanisms for reporting and treating abuse or neglect on any Army installation with 2,000 persons or more. The other branches of the armed services do not have similar programs. Future legal research needs to be focused on revising unrealistic laws, identifying jurisdictional problems, and finding successful ways to handle abuse and neglect cases. Successful structures for services, successful ways to publicize programs, and reasonable goals all need to be examined.

34. KEMPE, R. S. Child Abuse. Cambridge, Massachusetts, Harvard University Press, 1978. 144 p. (NCJ 52341)

This book, one of the Developing Child series, describes ways in which child abuse occurs, characteristics of abusers and victims, prevention measures, and treatment programs. The need for community programs and legal support for victims is noted. Child abuse occurs in the presence of four factors: (1) the parents must have a background of emotional or physical deprivation and perhaps abuse; (2) a child must be seen as unlovable or disappointing; (3) there must be a crisis; and (4) no effective lines of communication are available to aid the parent at the moment of crisis. Abusive parents suffer from feelings of helpless frustration and isolation, and generally are lacking in child-care skills. Child abuse usually occurs during the first three years of the child's life; a child's crying triggers most child abuse. Early evidence of neglect is the failure-to-thrive syndrome; abuse can be detected in the child's delay in motor, social, cognitive, and speech development. Behavioral effects of abuse in older children can include aggressive and hyperactive behavior, depression, lack of trust in others, and underachievement in school and in communication skills. Types of sexual abuse include pedophilia, violent molestation and rape, and incest. Effects of sexual abuse on the victims' behavior and treatment for victims and families are described. About 90 percent of abusive parents can be aided by long-term therapy, crisis nurseries that will care for children temporarily, and hotlines for crisis intervention. The remaining 10 percent of abusive parents are untreatable. This group includes psychotics whose children form part of their delusional systems, aggressive sociopaths, fanatics with an encapsulated psychosis who could kill their children, retarded parents, alcoholics, and drug addicts. Treatment for abused children can include crisis treatment in hospitals, individual play therapy, therapeutic play school, and removal from the home. The concluding chapters consider the eventual outcomes of child abuse on an individual's behavior and life, community programs directed at child abuse,

and legal rights for children. References, a list of suggested readings, and an index are included.

35. KLAPMUTS, N. Children's Rights: The Legal Rights of Minors in Conflict With Law or Social Custom. Tucson, Arizona, National Council on Crime and Delinquency, 1977. 29 p. (NCJ 40424)

This booklet deals with the rights of children from the broad perspective of procedural and constitutional rights as well as economic, social, and political position of minors in our culture. The author discusses the issues concerning the definition of a child, the procedural rights of minors in and out of the juvenile justice system, and the substantive rights of minors. Pertinent court decisions and statutes are analyzed in this context. The juvenile court's jurisdiction over noncriminal behavior and alternate systems such as diversion also are covered.

36. LEHTO, N. J. Civil Liability for Failing To Report Child Abuse. Detroit College Law Review, v. 1, n. 1:135-166 Spring 1977. (NCJ 51948)

Physicians' civil liability for subsequent injuries inflicted upon child abuse victims who they fail to report is discussed. Despite the fact that 35 states impose criminal penalties for failure to comply with child abuse reporting laws, criminal prosecution never has been brought for failure to report. In 1970, a civil suit against four physicians and a city police department was settled out of court. New York, Iowa, Arkansas, Colorado, and Michigan soon added civil liability clauses to their reporting laws, and the National Center for Child Abuse and Neglect of the U.S. Department of Health, Education, and Welfare included a civil liability clause in its draft model Child Protective Services Act. None of these statutory provisions has been tested by the appellate courts. However, on June 30, 1976, in the case of *Landeros v. Flood*, the Supreme Court of California ruled that a physician who fails to report a child abuse victim can be held liable for subsequent injuries inflicted on the child by his or her parent. The *Landeros* decision is analyzed, and three theoretical bases for proving civil liability for failure to report child abuse victims--medical malpractice, statutory negligence, and liability per se--are considered. The *Landeros* decision is said to expose reporting laws as ineffective and unworkable, to recognize that the laws largely have been ignored, and to pose squarely the dilemma of enforcing the laws. In reexamining their child abuse reporting laws, state legislators are urged to consider enforcement mechanisms other than civil and criminal liability provisions. For example, the penalty for failing to report for physicians might be a public reprimand or suspension or revocation of a state license to practice. There may be advantages to enforcing child abuse reporting laws at an administrative level rather than through civil or criminal channels.

The model Child Protective Services Act's recommendation that emphasis be placed on public and professional education is said to be a more realistic approach to the problem than toughening civil, criminal, or administrative penalties, because mandatory child abuse reporting laws only formalize the general moral obligation to aid battered children. (Author abstract modified)

37. LOWRY, M. R. Judge v. the Social Worker: Can Arbitrary Decisionmaking Be Tempered by the Courts? New York University Law Review, v. 52 n. 5: 1033-1050. November 1977. (NCJ 47255)

The approach taken by proposed standards on abuse and neglect to resolving problems confronting the child welfare service system is described and assessed. The abuse and neglect standards were developed by the Institute of Judicial Administration and the American Bar Association Joint Commission on Juvenile Justice Standards. Of concern are the children who come into the care of the State either because their parents voluntarily turn them over or because a judge determines that they are the victims of parental abuse or neglect. The basic problems faced by the joint commission in the area of State intervention into the family are outlined, and the manner in which the standards proposed to resolve those problems is described and evaluated. The discussion encompasses the overall goals of the abuse and neglect standards and their specific provisions with regard to bases for coercive court intervention, voluntary placements, and termination of parental rights. The strength of the standards is said to lie in their codification of the circumstances in which coercive state intervention is permitted. It is suggested, however, that the drafters--for the most part lawyers--may have placed too much reliance on the courts. If the juvenile courts cannot effectively administer the standards, the advantages promised by precise delineation of the terms and conditions of coercive and noncoercive State intervention may never be realized. It is questioned whether social policy and the expenditure of social service dollars can be altered radically by the courts.

38. LUDWIG, S., et al. You Are Subpenaed: What To Do When Admitting a Possible Abused Child. Clinical Proceedings, v. 30, n. 6:133-147. June 1974 (NCJ 52123)

Physicians at Children's Hospital National Medical Center, Washington, D.C., are informed of their responsibilities regarding cases of suspected child abuse. The presentation was made during grand rounds at the Center and opens with instructions to admitting physicians, particularly those working in the emergency room, concerning the management of cases in which abuse is suspected. The Center's child abuse team, its organization, and its functions are described. A chart showing the relationships among the Washington, D.C., agencies that deal with child abuse is presented. Guidelines to be followed

in referring cases of suspected abuse to the hospital's social work department are outlined. Drawing on a case study involving the admission of a suspected abuse case and subsequent legal action, a representative of the Juvenile Division of the Office of the Corporation Counsel in Washington, D.C., discusses the responsibilities of the physician who is called to testify in hearings to determine whether a child should be removed from the custody of parents/guardians suspected of abuse. A simulated examination/cross-examination of a physician in such a case is presented and discussed. Areas in which defense attorneys are likely to attack the physician's testimony are emphasized. Responding to physicians' questions, the Corporation Counsel representative notes that physicians always should report cases in which they suspect abuse, even if they feel the abuse may not warrant police/court intervention, and that emergency room and private practice physicians should notify the police department's youth division when parents/guardians in cases of suspected abuse refuse to have the child hospitalized.

39. MACFARLANE, K. Sexual Abuse of Children. In Chapman, J. R. and Margaret Gates, Eds. Victimization of Women. Beverly Hills, California, Sage Publications, Inc., 1978. 29 p. (NCJ 51380)

The dynamics of child sexual abuse, the short-term and long-term effects on both victim and family, and the further trauma inflicted by misguided "helping" services are explored. Contrary to popular belief, most child sexual abuse is committed by a father, uncle, or close family friend. The dynamics of various family situations leading to incest or sexual abuse by a close male friend are examined. The role of the mother as an "active nonparticipant" is explored and the psychological effects on the child are examined. It is found that such abuse is a psychological "time bomb," its aftereffects often not becoming visible for years. Various studies have estimated that as many as 44 percent of female drug addicts and 30 percent of prostitutes had been sexually abused as children. Poor psychological adjustment seems to be a common aftereffect. The helping agencies often compound the problem by reacting in inappropriate ways--blaming the child for the incident, removing the father from the home and thus removing the family's source of support, treating the family members with insensitivity. Often the child is subject to the same intensive questioning and insensitive handling experienced by adult women rape victims. Because the child's psychological defenses are weak and unformed, the damage is even greater. Often the family is torn and the child who is put on the witness stand to accuse a husband or lover may be in real physical danger when returning home. Recommendations are made for changes in criminal law, for changes in the handling of incest cases, for greater understanding of the dynamics of child abuse, and for changes in the procedures followed by the criminal justice system in handling child abuse cases. A bibliography is appended.

40. McKINNON, I. Child Pornography. FBI Law Enforcement Bulletin, v. 48, n. 2: 18-20. February 1979. MICROFICHE (NCJ 55219)

In this discussion of child pornography and prostitution, the victims and offenders are characterized and law enforcement prevention and investigation efforts are described. The majority of children recruited into child pornography are boys between the ages of 9 and 14. They are from broken homes or are runaways, and often have been neglected children. They are lured into this business by "chicken pimps," typically white males between 30 and 40, married, and with good jobs. The pimp lures the child through veiled friendship or promise of money or drugs, or abducts the child. According to evidence gathered over several years by the Detroit (Mich.) Police Department Sex Crime Unit, child pornography products are marketed through a subculture of small dealers who make them accessible to ready customers. The unit is collaborating with Federal and State authorities on initiating prosecution for transmitting obscene material through the mail and is developing confidential sources to obtain information about those responsible for enlisting children in pornographic services. Police and parents dealing with children who have been exploited in this manner should always remember to be compassionate, remain calm, and relieve the child of any guilt feelings.

41. MNOOKIN, R. H. American Custody Law: A Framework For Analysis. In Westman, J. C., Ed., University of Wisconsin Conference on Child Advocacy: Proceedings. Madison, University of Wisconsin, 1976. 28 p. (NCJ 50574)

Trends in custody law are discussed regarding major areas of the law, and the difficulty in assessing what constitutes the best interest of the child is analyzed according to two separate judicial functions. Four components of American custody law are described: divorce custody law, juvenile court neglect law, guardianship custody law, and involuntary termination of parental rights for purposes of freeing a child for adoption. The best interest test, in which an individualized determination for the particular child is required, dominates custody law. It is argued that the best interest test is not appropriate because the judge must have access to considerable information on the two parents and on the child, and from this information must assess the probability of various outcomes and evaluate the seriousness and possible benefits associated with each. In this situation, the question arises as to what set of values the judge should use in coming to a decision. The standards in such a case are indeterminate. Courts perform two functions in a custody case--a private dispute function and a child protection function. The implications for these two functions on the indeterminate standard are discussed. It is concluded that the standard is not appropriate. Three rules for child custody standards are suggested: (1) in a private dispute, custody should not be awarded to a claimant whose capacities or conduct would endanger the health of the child under the strict minimum standards for child

protection; (2) the court should prefer a parent with an emotional relationship to the child over a parent without that relationship; and (3) subject to these two rules, natural parents should be preferred over others. Stricter requirements for removing a child from the home are advocated as are shorter time limits for termination of parental rights. Private dispute settlement in divorce custody cases is urged.

42. MULFORD, R.M., V.B. WYLEGALA, and E.F. MELSON. Caseworker and Judge in Neglect Cases. New York, Child Welfare League of America, 1974 31 p. (NCJ 52293)

A child neglect caseworker must have a knowledge of the neglect laws adequate for the proper gathering of evidence and for the establishment of the case worker as an expert for testimony in court. Although most child protective agencies rarely find it necessary to utilize the court system in their attempts to meet the needs of parents and children, the importance of the best interests of children mandates that caseworkers have a basic familiarity with the laws of child neglect and the procedures of the courts. The caseworker should be aware of the legal significance of the factors which naturally are observed during routine inspection of a home. Such items as cleanliness and apparent health of individuals have importance from the immediate vantage of the children's welfare and from their significance as evidence in any required litigation. The caseworker ought to record the specific details of any observations, although the emphasis of the caseworker's visits should be placed on encouraging the family to recognize its problems and change for the better, and not to make the family defensive and antagonistic. The caseworker should have the support of the agency both in preparation of cases for court and in maintaining a respectful relationship with the court. If a caseworker's efforts within the home situation have produced no results, the caseworker should be aware of the procedures for commencing court action. The juvenile court should be considered a sociolegal agency which has the power to compel its clients to accept the social rehabilitation they need or to remove the child from the home. Children can be protected effectively by a well-prepared caseworker who can present a clear, conclusive case in court. Juvenile courts are not bound by the technicalities and evidentiary rules present in criminal courts, and will allow medical and school records to be presented by the caseworker when such documents have been properly certified. Additional discussion concerns the transposition of a caseworker's belief that a neglect case exists into a presentable legal case.

43. NAGI, S. Z. Child Maltreatment in the United States: A Challenge to Social Institutions. New York, 1977. 162 p. (NCJ 53450)

A national survey of the structure and performance of child abuse and neglect programs is the basis of an examination of issues surrounding child maltreatment and the organizational response to the problem. Interviews were completed with 1,696 persons in 1,760 organizations, including child protective services, public health nursing agencies, school systems, hospitals, juvenile and family courts, and police departments. The organizations were selected on the basis of a probability sample of the U.S. population. In addition, in-depth interviews were conducted in a number of communities with judges, physicians, police officers, social workers, public health nurses, and others in organizations which encounter child abuse and neglect. Researchers also attended court sessions and toured pediatric wards and other facilities. Based on the results of these efforts, the study report examines the rights of children and parents, the status of knowledge and technology in the field of child abuse, the relative merits of punitive and therapeutic approaches, and the domains of organizations and professions involved in combating child maltreatment. Various estimates of the prevalence of child abuse and neglect are compared, and an alternative approach is suggested for obtaining confirmable estimates within the constraints of existing statutes and organizational practices. Elements of an epidemiological theory of child maltreatment are outlined. Problems encountered in attempting to deal with child maltreatment (case identification, response to reports of abuse and neglect, provision of services, custody and placement, program coordination and improvement) are analyzed. An optimal child abuse-neglect program is outlined, and the status of existing programs is assessed. Recommendations for improving the organizational response to child maltreatment touch on specific program components, coordination at the community level, the fundamental problems besetting the institution of the family, and the Federal role. Supporting data are included. (Author abstract modified)

44. NAYMAN, L. and S. L. WITKIN. Parent/Child Foster Placement: An Alternative Approach in Child Abuse and Neglect. Child Welfare, v. 57, n. 4:249-258. April 1978. (NCJ 51127)

A case study illustrates the placement of both parent and child in a foster home as an alternative means of dealing with child abuse or neglect situations. The case study is that of the neglect situation that led to the development of the Parent/Child Foster Placement Program at the Tompkins County Department of Social Services, Ithaca, N.Y. In that program, single parents and their abused or neglected children are placed for limited periods of time in specialized foster homes. Foster parents help the caseworker evaluate the parent's competency, and long-term goals and short-term tasks are defined in planning conferences involving the parent, the foster parents, the caseworkers, and other professionals. Periodic conferences are held to assess progress. The caseworker coordinates the effort. Other pro-

professionals act as a resource team for the foster parents who assume the primary responsibility for providing instruction in parental skills and (where necessary) life skills such as budgeting. The goal of each placement is the eventual removal of the single parent and child to an independent living situation. Parent/child foster placement is based on the following premises: (1) that direct observation in a sheltered environment approximating a normal household is the best method of evaluating parental skills; (2) that abusing and neglecting parents usually exhibit maladaptive behaviors or functional deficits in association with histories of intergenerational abuse, neglect, or family pathology; (3) that the healthy family is the best agency for socialization, role prescription, and instruction in parental skills; and (4) that society's goals are best served by strengthening the parent-child relationship (given that the child's safety is insured and that the parent is engaged in positive behavioral change). Suggestions for developing and financing parent/child foster placement programs (licensing foster homes, selecting and training foster parents, coordinating community services, renumeration of foster parents) are offered. The possibility of extending such placement to two-parent families and to single women during and after pregnancy is pointed out, as is the need for further studies of the costs, benefits, and long-term effects of placement.

45. NEWBERGER, E.H. and R. BOURNE. Medicalization and Legislation of Child Abuse. American Journal of Orthopsychiatry, v. 48, n.4:593-607. October 1978. (NCJ 51441)

The confusion and inadequacy surrounding medical and legal attempts to deal with child abuse are attributed to social policy conflicts. These are examined and a series of recommendations are made. They were presented, in part, at the Second World Conference of the International Society on Family Law, June 1977, in Montreal. Although abuse of children is an ancient phenomenon, only recently have doctors and lawyers recognized it as a problem to be diagnosed, reported, treated and adjudicated. This awareness is traced and its effect on traditionally trained doctors and lawyers is examined. The major factors contributing to uncertain, disjointed handling of child abuse cases are said to be outgrowths of the conflict between the common law concept of family autonomy and the concept of coercive intervention and the conflict between compassion and control. The problem of defining which actions actually are abuse also is discussed. A table presents possible intervention techniques consistent with various "autonomy" versus "intervention" and "compassion" versus "control" policies. Conflicts between the medical and the legal perspective are examined. The social factors behind the concentration of prosecuted abuse cases among poor families are then discussed and the effects of labeling on the family are considered. Several guidelines to improve the handling of child abuse cases are suggested. These include greater social sciences training for doctors and lawyers, more prestige and greater involvement in policymaking for nurses and social workers who deal

directly with abuse cases, greater access to social services for poor families, and greater representation of poor and ethnic groups in decisionmaking forums. References are appended.

46. NEW YORK STATE ASSEMBLY SELECT COMMITTEE ON CHILD ABUSE. Relationship Between Child Abuse and Neglect and Later Socially Deviant Behavior: A Report. Alfaro, J.D., Proj. Dir. New York, 1978. 335 p. MICROFICHE (NCJ 51167)

Data from child protective agencies and courts in eight New York counties are analyzed in a longitudinal study of relationships between child abuse/neglect and subsequent contacts with the courts. The study was conducted in Broome, Erie, Kings, Monroe, New York, St. Lawrence, Suffolk, and Westchester counties. Two separate samples of children were studied: 5,136 children from 1,423 families reported for suspected child abuse or neglect in 1952 or 1953; and 1,963 children who were reported to the family court or probation intake service as delinquent or ungovernable in 1971 or 1972. As many as 50 percent of the families reported for child abuse or neglect had at least one child who later was taken to court as delinquent or ungovernable. In Monroe County, the rate of juvenile delinquency and ungovernability among children reported as abused or neglected was five times greater than among the general population. In counties with high numbers of agency/court contacts (Erie, Kings, Monroe, and New York), 25 percent of the boys and 17 percent of the girls with at least one maltreatment report later were reported to a court as delinquent or ungovernable. Delinquent children who were reported as abused or neglected tended to be more violent than other delinquents. However, child maltreatment is not an indicator or predictor of any particular type of juvenile misconduct. The records examined show that few services were provided to abused and neglected children or their families, and that most of the founded reports of abuse/neglect ended in no action. The finding that rates of placement of the child outside the home were higher for neglect than for abuse indicates that neglect is a more intractable problem than abuse; similarly, placement rates were higher for ungovernability than for juvenile delinquency. The findings also show that children reported as abused or neglected and as delinquent or ungovernable come from similar families, and that these families differ significantly from the general population in that they are larger, have a greater percentage of illegitimate children, are more likely to be one-parent households, and are disproportionately nonwhite. It is concluded that there is an empirical relationship between abuse/neglect and later deviant behavior, however, that relationship may be more complicated than a simple cause-and-effect association. This complexity raises questions about society's response to problems of child maltreatment, juvenile crime, and family dysfunction. An annotated bibliography and supporting data and documentation are provided. A 34-page summary report also is available as NCJ-50515. (Author abstract modified)

47. PELCOVITZ, D. Child Abuse as Viewed by Suburban Elementary School Teachers. Doctoral Dissertation, Philadelphia, University of Pennsylvania, 1977. 197 p. (NCJ 51223)

Questionnaires and interviews identified attitudes and child abuse reporting practices of 135 elementary school teachers, principals and school workers. Components of a good school abuse reporting system are examined. The survey was conducted in a racially and sociodemographically mixed area in suburban Philadelphia, Pa. It was found that, contrary to other reports in the literature, teachers were not indifferent to child abuse. However, their knowledge of what constitutes abuse and how abuse should be reported varied widely from school to school. Most teachers were unaware of their legal protection and nearly all felt they would have to appear in court (which is incorrect). Most limited their definitions of child abuse to gross physical abuse or neglect. On multiple-choice questions, they extended their definitions to include sexual abuse. The open-ended interviews are grouped by teachers who have never reported abuse, teachers who have suspected abuse but not reported it, and teachers who have reported abuse. Reporting teachers used cues not generally mentioned in the literature--type of food a child brings for lunch, child's reaction to teacher discipline, and aggressive acting-out behavior as well as withdrawn behavior. The biggest fear among teachers suspecting but not reporting abuse was that a report would make the situation worse for the child. The biggest factor behind reporting was the support of the principal. A thorough case study of a principal who investigates each case before reporting to Child Services is presented. The negative impact of the Child Services' worker who sides with the parent is discussed. An educational program for teachers and greater welfare-school cooperation is urged. The questionnaire, tabulations of findings, and a bibliography are included.

48. POWIS, D. Criminal Violence to Children. In Signs of Crime: A Field Manual for Police. Stead, P. J., Ed., New York, John Jay Press, 1978, 155-161 p. (NCJ 46435)

An English police officer gives some practical tips to inexperienced police officers on spotting battered children. Tell-tale injuries and parent-child mannerisms are described along with advice on relating to the hospital staff. The author stresses that the officer's primary duty is to protect the child. Color photographs illustrating the effects of various types of physical abuse are included.

49. RAY-BETTINESKI, C. Court Appointed Special Advocate: The Guardian Ad Litem for Abused and Neglected Children. Juvenile and Family Court Journal, v. 29 n. 3:65-70, August 1978. (NCJ 51284)

The volunteer guardian ad litem program of King County (Seattle), Wash., is described. The rationale behind the program, recruitment,

selection, training, and program administration are discussed. The purpose of the guardian ad litem program is to provide juvenile court judges with recommendations as to what course of action is in the best interests of an abused or neglected child. This action may or may not be what parents, caseworkers, foster parents, educators, or the children themselves advocate. Recommendations to the court address the following issues: (1) where the child shall reside; (2) visitation with parents; (3) treatment plan for parents; (4) treatment plan for the child; and (5) date for the next court hearing. In most child abuse cases the welfare department is the plaintiff and the adult inflicting the injury is the defendant. The guardian program provides a trained, impartial person to follow the case of each child through to a satisfactory conclusion. This person, who is not necessarily an attorney, is to ask the difficult questions often asked by no one else. In the Seattle project this guardian is called the "court appointed special counsel." The program, which is administered by a project director who is a department head in the court, began in January 1977, and during its first year provided 376 trained guardians for 498 children. Cases are referred to the program by judges. Only about a third of the volunteers work professionally in the human, health, or legal services. Each volunteer undergoes a training program which describes the four separate sequential roles required: investigator, advocate of the child, counsel, and finally a guardian. A monthly seminar is held to increase volunteers' knowledge. Time spent on any one case has ranged from 12 to 100 hours. Guardians can and do request hearings for unresolved issues. The judges value the program so highly that it has become a permanent part of the King County juvenile court. A list of references is provided.

50. ROGERS, D. E. and F. S. MEAD. Hear the Children Crying. Old Tappan, New Jersey, Fleming H. Revell Co., 1978. 137 p. (NCJ 52806)

This informal book for lay persons gives an overview of the child abuse problem in the United States, briefly considers the legal aspects, then concentrates on ways to break the child abuse chain. The purpose of this book is to give the general public an understanding of family factors which lead to child abuse, the methods hospitals and criminal justice agencies use when handling abuse cases, and to urge persons who have knowledge of abuse cases to actively intervene. Abuse is seen as the result of learned patterns of childrearing, increasing marital tension, divorce, and a lack of understanding about the real needs of a child. The various typologies of child abuse are given, based on interviews with researchers. The major portion of the book is given to descriptions of self-help groups and parent intervention projects. Most of these agencies are in California. However, an appendix lists addresses which can provide the names of local groups. Readers are urged to become actively involved in preventing child abuse. Those who have problems controlling their anger are urged to seek help. The book has a strong religious orientation.

51. ROTH, R.A. Multidisciplinary Teams in Child Abuse and Neglect Programs: A Special Report From the National Center on Child Abuse and Neglect. Washington, National Center on Child Abuse and Neglect, 1978. 71 p.
MICROFICHE (NCJ 51625)

The growing use of multidisciplinary teams for child abuse intervention and treatment, types of teams used, and methods of operation are summarized. A list of programs using this approach is appended. A multidisciplinary team is a group of professionals from different disciplines, often representing different agencies, working together for well-defined purposes. These purposes may include coordination, diagnosis or identification, prevention, treatment, consultation, and education. This document gives an overview of the growth of multidisciplinary teams, their advantages, and their usual composition. It then describes 51 programs which use a multidisciplinary approach, and gives data on their services, clientele, staffing, and funding. The guidelines developed by the Virginia State Department of Welfare and the Pennsylvania State Department of Public Welfare also are included. A typology of multidisciplinary teams, based on the team's organizational focus, is presented. The overview finds that most multidisciplinary teams contain both medical and social services personnel. Some contain a legal representative (from the police, prosecutor's office, or courts) and others contain teachers of school supervisory personnel. Most teams are either hospital-based or social service-based. The hospital approach is reviewed by examining the work of Sinai Hospital, Baltimore, Md., and that of Boston (Mass.) Children's Hospital. It is found that multidisciplinary teams give better service more economically and effectively and reduce the number of reinjured children. It is recommended that child protective services be organized regionally, with state-administered multidisciplinary programs providing acute care, long-term therapeutic intervention, education, evaluation, and research. Extensive footnotes are included and references are appended.

52. RYAN, C.M. Investigating Child Abuse and Neglect Cases. Police Law Quarterly, v. 7, n. 4:17-27. July 1978 (NCJ 49197)

Guidelines for police investigation of child abuse (physical abuse) and child neglect (acts of omission or commission which injury a child) are presented. Throughout the United States, the law has said that no one may interfere with a parent's right to raise a child except when the parent abuses or neglects the child. To investigate neglect, one must assess what the person responsible for the care of the child has not done for the child, and what injurious effect this action or inaction has had on the child. In child abuse, there usually is medical evidence of the abuse which may be substantiated through photographic evidence or physician testimony. In cases of burns, fractures, bites, sexual abuse, and failure to thrive, the physician's testimony often may elucidate the intentional quality of the injury or provide evidence contrary to the parent's claim

of an accident or other cause. Investigation of these kinds of abuse would involve interviewing the parent, the child, neighbors, hospital or social service personnel or school staff for confirming evidence. In general, neglect is lack of appropriate action on the parent's part. The officer should look for the link between parental actions and the condition of the child. In many cases, substantiation of the child's condition may require special documentation. In cases of medical neglect, resulting either from the parent's religious beliefs or from the parent's absence, apathy, or antagonism, the officer should ascertain the child's condition and necessary treatment from medical personnel. The parent's refusal to permit such necessary treatment, despite an awareness of the consequences of the refusal, also must be confirmed. In other types of neglect, photographs of neglected injuries, dangerous environments, or uninhabitable home conditions may demonstrate chronic neglect. Conversations with the family also may prove helpful. As the various child-related professions learn more about neglect, the investigating officer will have more means of determining whether a child is neglected.

53. SEABERG, J.R. Physical Child Abuse: An Expanded Analysis. Doctoral Dissertation, University of Wisconsin, 1974. 197 p. (NCJ 51236)

Statistical analysis is used on a nationwide sample of 1,299 cases of child abuse to test social causative factors. It is found that four models were required and that no single factor predominated. Following a 1970 national survey of public awareness, attitudes, and opinions concerning child abuse, David G. Gil of Brandeis University proposed that such abuse was as much a result of societal approval of violence in child rearing as the pathology of the parents. This study also takes national data and runs a regression analysis, a path analysis, and other statistical tests to examine the relationships between parental psychology, child-rearing attitudes, severity of injury, and disposition of child abuse cases. Four models were developed: a poverty-violence in child-rearing model which combines the literature's sociocultural explanations of child abuse; a psychological model, which focuses on the pathology of the parent; the "reinforcement" model, which examines the parent who was severely disciplined as a child and now uses severe discipline for the cathartic effect it gives and a comprehensive model utilizing all these factors. It was found that child-initiated abuse resulted in less severe injuries. It also was found that the perpetrator in the reinforcement model was not necessarily more "sick" than nonabuse perpetrators, suggesting a socialization factor. For the other model, differences were found but not of the magnitude nor significance expected. It is suggested that the most significant contribution of this study has been the development of mathematical techniques for studying large samples. To date most child abuse data have been gathered through small samples or subjective case studies. Long-term studies and large-scale studies are essential to understanding the problem. Appendixes give mathematical data from the study and study instruments. A bibliography is included.

54. SCOTT, W. J. Attachment and Child Abuse: A Study of Social History Indicators Among Mothers of Abused Children. Doctoral Dissertation, Minneapolis, Minnesota, University of Minnesota, 1975. 88 p. (NCJ 51220)

This thesis examines the relationship of child abuse to existing socialization theories, and tests a hypothesis based on attachment theory. It was hypothesized that the mother plays a significant role in child abuse whether she injures or neglects the child herself or fails to protect the child from another abuser. The discussion issues included the nature and development of attachment and the effects on an individual's subsequent affiliative and parental behavior when the development process is impaired. The following psychological areas were drawn for the study: proximity, maintenance, affect, and affiliation. Operational definitions were developed for the four phases in the mothers' life span (childhood, adolescence, adulthood, and parenthood). Case records of 81 mothers of abused children were reviewed for historical information. The sample was divided into groups according to the following criteria: mothers who had inflicted injuries; mothers guilty of neglect; and mothers who had protected the abuser. Chi-square tests determined that the items considered did not discriminate between the groups. On the basis of the results of the preliminary investigation, a control study was conducted comparing mothers of abused children with mothers of nonabused children on various social history indicators. A hypothesis stating that there are no differences between the two groups was tested. Thirty mothers from the original sample of 81 were compared to 30 mothers in the control group. Data for the control group were collected through personal interviews. Chi-square tests were used to compare the two groups on multiple indicators. Differences consistently were found to exist between the experimental and control groups, thus indicating support for the attachment theory. The investigation proved that mothers of abused children have a history of traumatic and/or adverse experiences. Tabular data and references are provided. The appendix contains tables of Chi-square values.

55. SIMPSON, K. Police: The Investigation of Violence. London, England, MacDonald and Evans, Ltd., 1978. 240 p. (NCJ 51697)

This overview of the investigation of violent crime covers typical injuries, interpreting bloodstains, and investigative considerations for the various types of violence, with reference to forensic medicine. This is one of the MacDonald and Evans police studies series. The book discusses the importance of careful observation, procedures at the scene, the initial investigation, the investigating team, the body, timing death, and the post mortem. A chapter is devoted to the types of injuries and the identification of instruments used to inflict injury. The interpretation of evidence is described, including bloodstains, shapes of weapons, bloodstained prints, and tests for blood. The use of X-rays in various types of investigations is treated, with attention to interpreting fractures, searching for foreign bodies, identity problems, terrorism, and customs evasion. A chapter is

devoted to the role of the photographer, including equipment, perspective and viewpoint, the scene of the crime, the post mortem room, and photography as evidence. Special investigative considerations for each of the following categories of violence are discussed: vehicular street accidents; abortion, infant death, and the battered wife; sex violence; asphyxial violence; drowning; firearms injuries; arson; and suspected poisoning. The appendixes detail preferred packing for biological specimens and recommended storage conditions for biological specimens. The book is illustrated extensively by photographs. An index is included.

56. SINGLEMAN, B.J. Case of Neglect: Parens Patriae Versus Due Process in Child Neglect Proceedings. Arizona Law Review, v. 17, n. 4:1055-1089. 1975. (NCJ 36474)

Procedures involved in child neglect proceedings, analyzing the requirements necessary to afford both parents and children procedural due process are discussed. This article focuses solely on the due process requirements in a neglect proceeding, keeping in mind the distinction between such limited intervention and the more drastic step of terminating the parent-child relationship. It examines the power of the juvenile court to order temporary intervention in the relationship and suggests which procedures are necessary to assure that such interference follows the due process rights of both parent and child. (Author abstract modified)

57. SPLAIN, N. K. Ingraham Decision: Protecting the Rod. Trial, v. 13, n. 10:25-27, 37. 1977 (NCJ 48574)

The recent Supreme Court decision bearing on the legalities of the use of corporal punishment in schools is discussed. In reviewing cases involving the challenge to corporal punishment in the schools prior to the Ingraham case, it is concluded that while courts were not ready to ban corporal punishment as unconstitutional per se or favor parental desires over school practices with reference to corporal punishment, they were showing an inclination to provide required procedures for the use of corporal punishment. The court held that the eighth amendment prohibition against cruel and unusual punishment was intended to apply to punitive action for criminal behavior, and was, therefore, not applicable in a school context. The court further held that, while corporal punishment implicated a 14th amendment liberty interest in the child's interest to be free from bodily restraint and punishment, the common law tort action to remedy unreasonable punishment provided sufficient procedural due process protection. The minority opinion points out that tort action is utterly inadequate to protect against erroneous or excessive corporal punishment because of specific aspects of Florida law protecting the teacher from civil action in corporal punishment cases. In addition, it is argued that

civil remedies after the fact of an injury, particularly to a child, hardly are sufficient. The author supports the minority opinion and argues for more specific procedural structures binding upon school officials in the administration of corporal punishment. The Supreme Court decision is considered insensitive and regressive.

58. STOETZER, J. B. Juvenile Court and Emotional Neglect of Children. University of Michigan Journal of Law Reform v. 8, n. 2:351-374. Winter 1975. (NCJ 52406)

Court jurisdiction over cases involving the emotional neglect of children and the need for judicial cognizance of emotional neglect among juveniles are explored. A primary function of juvenile courts is to assist in the protection of children from abuse and neglect. Some states, including Michigan, have expanded juvenile court jurisdiction beyond traditional concepts of physical neglect to encompass emotional neglect. The rationale for judicial cognizance of emotional neglect assumes that the consequences to a child who has been psychologically and emotionally abused may be at least as serious as those resulting from physical mistreatment. Central to the case for judicial cognizance of emotional neglect is the hope that detrimental family emotional dynamics can be identified and ameliorated before a child is affected permanently. Criteria for court intervention are exhibited in minimally acceptable standards of parental conduct established in juvenile court jurisdictional provisions. Such provisions provide norms for acceptable child-rearing practices, and their basic goal is the prevention of social, physical, and psychological deterioration. Generally, courts must find a causal relationship between parental conduct and its adverse impact in order to intervene in a case of child neglect. Several approaches to the identification of emotional neglect are suggested in the limited legal literature on the subject. Legislative recognition of the emotional neglect of juveniles varies according to whether it focuses on a parent's own emotional or mental incapacities, on a parent's failure to meet a child's mental or emotional needs, or on a general notion of a child's emotional well-being. Court jurisdiction over cases of emotional neglect can be an important tool to advance the goals of child protection and the concept of a minor's legal right to an emotionally healthy environment. Conflicting goals related to early intervention, effective prevention of harm, and premature intrusion of privacy must be reconciled.

59. TALAN, T.N., C. DEFRANK and S. GAMM. Child Abuse and Neglect Legal Handbook. Chicago, Child Advocate Association, 1978. 45 p. (NCJ 53452)

The Child Advocate Association prepared this handbook on child abuse and neglect in an attempt to clarify laws and legal procedures relevant to the jobs of social workers, the police, and school and medical personnel. The association is a nonprofit tax-exempt organization

based in Cook County, Ill., that provides legal and social service advocacy for abused and neglected children. Legal and social work consultation is provided to hospital-based interdisciplinary child abuse teams and to state and community social service agencies. The association also provides ongoing training and education to school administrators, teachers, medical and social service personnel, community organizations, and volunteer groups. Case advocacy for abused, neglected, and sexually exploited children is provided by representing these children in juvenile proceedings and in criminal and divorce proceedings as appropriate. The association has expanded its services to incorporate crisis counseling and treatment referral for sexually exploited children and specialized training for professionals. The handbook contains substantive sections on the following: (1) provisions of the Abused and Neglected Child Reporting Act in Illinois (definitions of abuse and neglect, who must report, when to report, how a report is made, followup by Illinois Department of Children and Family Services, the physician's power to take custody, privilege and confidentiality, and immunity from liability); (2) identification of suspected abused and neglected children (medical and nonmedical indicators); (3) abuse, neglect, and dependency (statutory framework and case law); and (4) court proceedings (petition for adjudication of wardship, temporary custody hearing, adjudicatory hearing, findings at the close of evidence, dispositional hearing, and postdispositional concerns). Appendixes contain the Abused and Neglected Child Reporting Act, a medical glossary, sample questions for medical witnesses, and the supervision order used in Cook County.

60. U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE. National Center on Child Abuse and Neglect. Child Abuse and Neglect: Grants Program FY 1978. Washington, 1978. 146 p. MICROFICHE (NCJ 47443)

Programs for several types of research, demonstration, and service-related projects are announced, and information about application procedures and the review and award of grants is provided. Grant funds for projects which address gaps in knowledge about the causes and effects of child abuse and neglect, and projects with creative approaches to the child abuse problem by social scientists in the field are announced. The objective of one of the grants is to advance, through field-initiated research, the understanding of child maltreatment and to contribute to the improvement of current programs or provide insights into new approaches for preventing and reducing child abuse and its consequences. Under this same announcement, funds are available for longitudinal research on the causes and effects of child maltreatment. A second announcement is for the support of the operational design, testing, and evaluation of new and refined service techniques and service delivery approaches in preventing and treating child abuse and neglect. The primary purpose of a third announcement is to support the implementation of components of proven, effective programs used by existing child protection and other human service agencies which have the potential for providing services for

the prevention and treatment of child abuse and neglect. A fourth announcement offers support to state and local efforts to prevent and treat child abuse and neglect. It is indicated that one regional child abuse and neglect resource center will be established by a grant awarded on a competitive review basis in each of the 10 Health, Education, and Welfare Federal Regions. Application forms are included, along with specific instructions for submitting applications. There is also a directory of Health, Education, and Welfare regional offices of children, youth, and family units.

61. _____ . National Center on Child Abuse and Neglect. Child Abuse and Neglect in Residential Institutions on Prevention, Investigation, and Correction. Washington, 1978. 215 p. MICROFICHE (NCJ 51946)

Readings on child abuse and neglect in treatment centers, temporary and long-term shelters, detention homes, centers for the mentally retarded and developmentally disabled, and group homes are presented. An excerpt from an issue of the Child Abuse and Neglect Reports, the official newsletter of the National Center on Child Abuse and Neglect (NCCAN), provides background information on NCCAN's role in dealing with maltreatment of children in institutions and discusses related issues confronting the Office of Special Litigation in the U.S. Department of Justice. The main body of the final report of the 1977 National Conference on the Institutional Maltreatment of Children examines the nature and scope of abuse and neglect in residential care-giving institutions (including treatment, correctional, custodial, and educational settings), identifies issues, and offers recommendations. The report includes a section dealing specifically with juvenile correctional institutions, in which such issues as secure versus nonsecure facilities, indeterminate sentencing, monitoring, and restraints on juveniles by correctional institutions are discussed. Excerpts on institutional abuse of children from a quarterly publication of the New York State College of Human Ecology at Cornell University are presented. Excerpts from the draft version of the Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects, published by NCCAN in March 1978, include the section that deals specifically with the prevention and correction of institutional child abuse and neglect. NCCAN's draft of a model Child Protection Act also is provided. Information about resource materials includes a review of a manual suggesting guidelines for inspecting children's institutions, a description of training materials for residential childcare workers, and NCCAN Clearinghouse abstracts of materials on corporal punishment, institutional abuse and neglect, and institutionalized children.

62. _____ . National Center on Child Abuse and Neglect. Child Abuse and Neglect Programs in the Community. T. Bell, Ed., Milwaukee, Wisconsin, Midwest Parent-Child Welfare Resource Center, 1977. 10 p. MICROFICHE (NCJ 49746)

Books, articles, government publications, films, and other materials relevant to developing community-based programs to combat child abuse and neglect are cited. Materials that provide both general and specific information for planning a public awareness campaign on child abuse and neglect are listed, as are examples of pamphlets and films that may be used in such campaigns, and sources of additional campaign materials. Partially annotated bibliographies list publications pertaining to planning child abuse and neglect programs, conducting needs assessments, employing a multidisciplinary, multi-agency approach to child abuse and neglect, and evaluating abuse and neglect programs.

63. _____ . National Center on Child Abuse and Neglect. Child Abuse and Neglect Research: Projects and Publications 1978. Washington, Herner and Co., 1978. 425 p. MICROFICHE (NCJ 49471)

This annual publication is designed to make the information in the National Center on Child Abuse and Neglect data base available for direct public and professional reference. This volume contains informative abstracts of over 700 published documents and up-to-date descriptions of about 160 publicly and privately funded research projects. The publications are dated 1965-1977 and represent medical, legal, psychological, sociological, and other viewpoints of the child abuse and neglect problem. About two-thirds of the projects were described originally in earlier editions of the publication and were updated in the fall of 1977. About one-third of the projects, which were identified in 1977, are described for the first time. Projects and publications are presented in separate sections, and each section has its own indexes. Project descriptions are alphabetized by principal investigator's name; indexes of principal investigators, organizations performing the research, organizations providing financial support, and subject descriptors assigned to the projects are provided. The second section is devoted to abstracts of published documents. They are arranged in alphabetical order by primary author's name. Author and subject indexes are provided for this section.

64. _____ . National Center on Child Abuse and Neglect. Child Abuse and Neglect Thesaurus, May 1978. Washington, Herner and Co., 1978. 127 p. MICROFICHE (NCJ 48478)

This compilation of standardized words and phrases used to characterize child abuse and neglect information notes contemporary terminology in the field, spellings, usages, and term relationships. The thesaurus, developed for Information Clearinghouse of the National Center on

Child Abuse and Neglect, is used for indexing computer-based data. As such, it serves as the authoritative guide to spelling and term use, resolves questions of synonymous terms, and provides for consistent use of word forms. In addition, the thesaurus references related, broader, and narrower terms. In addition to the alphabetic listing of terms, it contains permutation displays, which extracts the significant words in each descriptor and displays them alphabetically. Together with the entire descriptor this allows the user to see all usages of a word without regard to its position in a phrase or multiword descriptor. The display also can suggest related descriptors or descriptors of like or similar derivation. A third section, the descriptor group, arranges all terms under broad subject areas--abuse and neglect, agencies and organizations, behavior, demography, economics, education, medicine, and the like. The subject ranges of the 20 descriptor groups are outlined and a descriptor review form is included.

65. _____ . National Center on Child Abuse and Neglect. Interdisciplinary Glossary on Child Abuse and Neglect: Legal, Medical, Social Work Terms. Washington, Midwest Parent-Child Welfare Resource Center, 1978. 109 p. MICROFICHE (NCJ 47105)
Stock No. 017-000-00206-6

A glossary is provided of specialized terms commonly encountered in research, case studies, and reports concerning child abuse and neglect. Various professional and paraprofessional descriptors of child abuse and neglect are defined and arranged alphabetically. Agencies and organizations active in the prevention, treatment, and study of abuse and neglect are listed alphabetically among the glossary terms; their scope, mailing address, and designated acronyms are included. The glossary also contains child abuse and neglect statutes, and other social service regulations or acts with relevant sections are described. References and a separate acronym list are included.

66. _____ . National Center on Child Abuse and Neglect. National Analysis of Official Child Neglect and Abuse Reporting. Englewood, Colorado, American Humane Association, 1978. 73 p. (NCJ 48435)

The American Humane Society initiated a national study of officially reported incidents of child abuse and neglect in 1973. The aim of the study is to include statistical data from all states and territories. To this end, a standardized form was developed and disseminated. As of 1977, 31 states are fully participating in the study. The remaining 19 states and the District of Columbia (partially participating states) submit summary data based on their own reporting format. From the fully participating states, a total of 99,579 utilizable reports were received in 1976. Of these reports, 58.3 percent involved neglect, (primarily physical neglect) 26.5 percent involved abuse, and 15.1 percent involved abuse and neglect. Friends, neighbors, and relatives are the major source of such reports followed by schools, law enforcement

agencies, and medical personnel. In 97.5 percent of all cases reports were made to the Department of Social Services. The median family income on all cases was \$5,051 per annum. Although all income levels were represented in the validated reports, 65.4 percent of all cases were in families with incomes under \$7,000 with 27.2 percent of all cases in the under \$3,000 range. Family factors present in cases, usually in combination, include family discord, insufficient income, lack of tolerance, continuous child-care duties, lack of control during discipline, inadequate housing, mental health problem, recent relocation, alcoholism, social isolation, physical abuse of spouse, history of abuse as a child, authoritarian discipline, and others. The most frequent dispositional response to validated abuse or neglect was casework or counseling. However no service provision was reported for 46.2 percent of all cases. Natural parents, followed by stepparents were the most frequent perpetrators of abuse/neglect. Females represented 61 percent of all perpetrators, and 56 percent of perpetrators were over 30 years old. Male children up to 11 years of age are more likely to be the victims while female children are more frequently the victims between 12 and 17 years of age. In 71.8 percent of the cases no treatment was required, and moderate treatment was required in 21.4 percent of all cases. More severe outcomes are likely to occur with very young children. Partially participating states reported an additional 257,954 cases of abuse/neglect. In general, data followed the same patterns as reported by fully participating states. For this sample, lack of standardization resulted in fragmented samples and a limited data base. Extensive tabular data are provided, and policy implications of findings are discussed. Appendixes include data collection forms, further statistical data, and information on state liaison and study advisory board members.

67. _____ . National Center on Child Abuse and Neglect. Overview of the Parents Anonymous Self-Help for Child Abusing Parents Project Evaluation Study for 1974-1976. J.M. Baker, Proj. Dir., Behavior Associates, Tucson, Arizona, 1977. 25 p. MICROFICHE (NCJ 48813)

An evaluation overview is presented of the Parents Anonymous Project, which is designed to expand the self-help treatment approach for abusing parents and to aid agencies in their efforts to treat child abuse. A major goal of the Parents Anonymous project was to provide information, consultation and technical assistance to agencies and communities attempting to understand and remedy the problems of child abuse. The strategies for accomplishing these goals included designing, developing, and disseminating multimedia materials; providing direct staff consultation and technical assistance on a nationwide basis to communities interested in establishing Parents Anonymous treatment programs; and sponsoring and presenting workshops, programs, and conferences. The major purposes of this evaluation were (1) to document the accomplishment of program goals, especially those concerned with Parents Anonymous chapters; (2) to collect data on chairpersons, sponsors, and members; (3) to analyze the functioning of chapters

and collect information to permit a more precise definition of treatment strategies; and (4) to measure the impact of the program on participants. The study was based on data collected from documentation records completed by Parents Anonymous national office staff and regional coordinators, from phone interviews with new chapter chairpersons and sponsors, and from written questionnaires and in-depth personal interviews. The program has met its major objective: to develop new Parents Anonymous chapters and maintain existing ones. Because the program was highly effective, as demonstrated by the documented changes in behavior, attitudes, and knowledge of its program participants and by the expression of client satisfaction, it is recommended that the program be continued. Suggestions for improvement concern sexual abuse problems, parent training, children's treatment services, publicity and education, staff training, crises referral, volunteer enlistment, mental health agencies, and legislation. Tabular data are provided. (Author abstract modified)

68. _____ . National Center on Child Abuse and Neglect. Police Perspective in Child Abuse and Neglect. Gaithersburg, Maryland, International Association of Chiefs of Police, 1977. 83 p. (NCJ 48140)

This police training manual is designed to acquaint the officer with various aspects of child abuse, to define the police role, and to provide guidance about when and how to take action successfully in child abuse cases. After a brief introduction to the scope and nature of the child abuse and neglect problem in the U.S., the manual defines the problem and describes the various forms it can take. Physical and behavioral indicators which may lead an investigating officer to suspect physical assault, physical neglect, sexual abuse, or emotional maltreatment of a child are outlined. A discussion of state statutes regarding the reporting of suspected child abuse cases points out the laws' variations from state to state and describes the major common points. Who is required to report suspected cases, what kind of protection they are offered, and the penalties for nonreporting are discussed briefly. After a report is filed, an investigation must be conducted; this aspect of the police role is examined separately. The purpose and goals of an investigation, the types of information which should be obtained, various investigative techniques, types of evidence which are most useful and guidelines for interviewing the child are all considered. Police disposition of the case is discussed. Taking the child into protective custody if necessary, arresting the abusing parents, and referring the case to a social service agency are all actions the police could take, and the implications of each are explored. The manual emphasizes cooperation between the police and other professionals, such as social workers, in investigating and disposing of cases. The various types of agencies which are concerned with child abuse include medical groups and schools; their roles and ways in which they and the police can help each other are discussed. A final chapter gives several kinds of resource information for the police trainer. It provides materials that are

of direct use in the classroom, including child abuse and neglect guidelines, several case studies, a procedural flow chart, and a child abuse training key; suggestions for developing materials tailored to local circumstances; and addresses of organizations where further information can be obtained. A bibliography is provided.

69. _____ . National Center on Child Abuse and Neglect. Some Ways To Find Out About Child Abuse and Neglect. Bell, T.R., Ed., Milwaukee, Wisconsin, Midwest Parent-Child Welfare Resource Center, 1978. 22 p. (NCJ 49838)

The names and addresses of national, regional, and state sources of information on Child Abuse and Neglect (CAN) are provided, and the bibliographic information on certain child abuse publications also is given. A brief description of the type of work done in child abuse by each national organization listed is given as a guide to the type of child abuse information that might be available from each organization. The addresses of the regional resource centers are provided. It is indicated that while the centers differ in services rendered, most provide information about child abuse and many lend books and materials. Bibliographic information is given on some materials available from the information center of the Midwest Parent-Child Welfare Resource Center serving Region V. It is indicated that State social service agencies generally provide information about child abuse in general and about legislation, programs, and statistics in their respective states. Addresses are provided for such agencies in the States in Region V, along with the addresses of the state public health and mental health agencies of the states in this region. The types of local information sources on child abuse also are listed. Bibliographic information on some recent general publications is given; and the types of professional people likely to be fertile sources for child abuse information are indicated. Sources of information on child abuse legislation and statistics also are indicated generally. Other issues related to child abuse are identified, and a pocket guide to help prevent CAN in your community is cited as an effective aid for the professional or lay person who wants to combat or prevent the problem.

70. _____ . National Center on Child Abuse and Neglect. Trends in Child Protection Laws: 1977. Jones, C. D., Jr., Proj. Dir. Denver, Colorado, Education Commission of the States, 1978. 27 p. (NCJ 46713)

State child abuse reporting legislation as of late 1977 is analyzed including adjudicatory and dispositional processes set in motion by a report of child abuse. The following subject areas of child abuse reporting statutes are considered: reportable conditions; persons required to make reports; penalties for failure to report; public

education; central registry; guardian ad litem (a person appointed by the court to represent an abused or neglected child in legal proceedings); child protection teams; evidentiary questions; and termination of parental rights. In addition, three appendixes have been included. Appendix A is an updated version, current through the 1976 legislative session, of the chart published in 1976 by the Educational Commission of the States showing the current distribution by State of the significant elements of the reporting and central registry statutes. For cases in which a State has a definition of "abuse" or "neglect" that is separate from the reporting act itself, a citation to that definition has been included. Appendix C is a list of current citations for the State statutes on termination of parental rights. (Author abstract modified)

71. _____ . National Center on Child Abuse and Neglect. Volunteers in Child Abuse and Neglect Programs. By R. Herner, Washington, 1978. 34 p. MICROFICHE (NCJ 51204)

This report describes aspects involving the increased use of volunteers in public and private agencies emphasizing their innovative roles in child abuse and neglect programs. This is a special report from the National Center on Child Abuse and Neglect. Private agencies traditionally have made extensive use of volunteers, but public agencies only recently have begun to incorporate them into their staffs. In the past, volunteers have served in the following capacities: non-specialized functions, fundraising, organizing and coordinating, education and public awareness, and professional functions. The 1967 amendments to the Social Security Act required that all states direct efforts toward the use of the nonpaid worker. Increased awareness and improved reporting have caused the growing problems associated with child abuse and neglect to come within the realm of social service agencies. An expanding role for volunteers has been the result of public awareness campaigns. Volunteers in protective service agencies may be able to form relationships with clients which are not possible for the caseworker. Their unpaid status and nonauthoritative positions may indicate to the client that they are involved because they care. It is therefore easier for the client to identify with the volunteer. A number of innovative roles have been developed for volunteers in child abuse and neglect programs that include the following: lay therapists, parent aides, surrogate parents, and direct service providers. Volunteers generally are reliable, hard-working, and enthusiastic. The use of volunteers, however, may present problems resulting in a lack of cooperation or resistance by regular agency staff who feel threatened. The decision to use volunteers in any capacity should be based on the needs of the program. Footnotes, a bibliography, and appendixes which identify child abuse and neglect programs using volunteers, are provided.

72. U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. National Institute of Mental Health. Child Abuse and Neglect Programs: Practice and Theory. Holmes, M.B., Proj. Dir. Community Research Applications, Inc., New York, 1977. 214 p. MICROFICHE (NCJ 46133)
Stock No. 017-024-00569-0

This document presents a comprehensive evaluation of specific child abuse and neglect prevention and treatment programs implemented across the U.S. Most of the published literature in the field of child abuse and neglect focuses on characteristics of abusive/neglectful families and on issues related to reporting and nonreporting of cases. There is relatively little information which deals with the state-of-the-art in program planning, case management and treatment, and the roles of government in prevention and treatment efforts. The primary intent of this work is to take an initial step toward filling this gap. This document is divided into two parts; the first presents eight program case studies, and the second a synthesis of what has been learned both from the literature and from site visits to each of the eight programs. The programs include two hospitalbased programs; two private, nonprofit, agency-based programs; two public social service agency programs; and two communitybased team programs. Each program site was visited for up to a week by a clinical psychologist and a program analyst. The supervisor and treatment staffs were interviewed, and the programs were evaluated regarding their startup, objectives, auspices, costs and sources of funding, facilities, community and participant characteristics, staffing, primary and supportive services, the service delivery system, and community and professional education. The sections on case management and treatment presented within each program case study provide detailed reports on the treatment of actual cases. Each of the pairs of programs operating under a single type of auspice is introduced with a brief statement which highlights differences in approach and emphasis. Part II presents an overview of the themes and issues detailed individually in the first part. Criteria for and definitions of child abuse and neglect are dealt with, as are case reporting and incidence, characteristics and dynamics of abusers/neglecters, characteristics of child abuse/neglect, identification, case management, treatment, social services, health and child care systems, and educational and law enforcement systems. The report recommends that each program should have at least two staff members extensively trained in the problems and treatment of abuse, at least one continuing therapy group for adults, a demonstrated capability for working with clients in their homes, a weekly case conference with the child abuse team for the purpose of sharing cases and treatment skills, and one member of the team who participates on a community child abuse and neglect committee. A bibliography is provided, as are reference notes after each chapter.

73. U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE. Office of Human Development Services. Children's Bureau. Local Child Welfare Services: Self-Assessment Manual. M. Sundel, Proj. Dir. Urban Institute, Washington, 1978. 456 p.
MICROFICHE (NCJ 53348)

This manual contains eight sections, an introduction and seven sections covering different facets of the child welfare system. Its purpose is to enable local public and private agencies to evaluate and improve services. The program areas covered are emergency and protective services, intake and service choice, inhome services, foster family care, adoption services, residential group care, and case management and administration. Each section contains a self-assessment checklist which was fieldtested in 17 agencies in both rural and urban areas. These checklists are followed by a section called research findings, which presents information from the literature and describes exemplary programs. Names and addresses are given for resource agencies. Each section then closes with an extensive bibliography. The emergency services section emphasizes child abuse and juvenile dependency and neglect procedures. The section on intake and service choice discusses court appearances. The sections on residential group care and on case management have items pertaining to predelinquent or delinquent youth. The discussions also contain information on interaction with police, courts, and other community agencies.

74. _____ . Office of Human Development Services. Head Start. New Light on an Old Problem: 9 Questions and Answers About Child Abuse and Neglect. Washington, U.S. Government Printing Office, 1978. 23 p.
MICROFICHE (NCJ 53907)
Stock No. 017-024-00729-3

Intended for the average citizen, this pamphlet provides information on the extent and effects of child abuse, how it can be recognized, its causes, the nature of abusing parents and abused children, and how help can be given. While acknowledging that reliable statistics on child abuse are not available, it estimates that there are about 1 million cases of child abuse per year nationwide, resulting in about 2,000 deaths. Child abuse occurs across the spectrum of socioeconomic levels in all types of locales. Classifications of child abuse are physical abuse, neglect (physical or emotional), emotional abuse (often verbal), and sexual abuse. Child abuse may be recognized by the child's appearance and behavior and the parent's or caretakers's behavior. While the causes of child abuse and neglect are elusive, factors contributing to abuse and neglect are listed under four principal categories: (1) characteristics of society; (2) social and institutional factors; (3) factors related to immediate life circumstances; and (4) individual personal and background factors. The effects of abuse and neglect on the child include both short-term and long-term physical, mental, and emotional damage, while abusing parents are destroyed emotionally by guilt and diminishing self-respect. The community suffers because of the diminished contributions that abused

children bring to society and the sometimes violent and dangerous acts perpetrated by abused persons on innocent citizens. A profile of abusing parents is included, and the reasons why some children are more likely to be mistreated than others are listed. Reasons why the citizen should get involved in suspected incidents of child abuse and specific help that can be offered are discussed. Ways to improve child abuse and neglect services in a community also are discussed. A directory is provided of the regional Child Abuse and Neglect Resource Centers.

75. U.S. DEPARTMENT OF JUSTICE. Law Enforcement Assistance Administration. Interviewing Child Victims: Guidelines for Criminal Justice System Personnel--Background Information. Seattle, Washington, Sexual Assault Center, 1978. 6 p. MICROFICHE (NCJ 54278)

Preparing for an interview with a child allegedly sexually assaulted, beginning the interview, obtaining history of the assault, and closing the interview are the major elements described. Prior to discussing the phases of the interview itself, the developmental levels of children, factors in sexual assault affecting children's perceptions, and general responses to the child are discussed. A principal factor affecting the interview's progress is the child's fear of the consequences of talking about the sexual assault. The response of the family support system and official agencies directly affects the resolution of the fear and the child's cooperation as a witness. In preparing for the interview, relevant information should be obtained from parents/guardian and, if applicable, child protective services caseworker, physician, and sexual assault center/rape relief counselor. In beginning the interview, the setting and procedures for establishing a relationship with the child are described. In obtaining the history of the sexual assault, language used with the child should match the child's level. It is important to establish the child's understanding of the words used. "Why" questions should be avoided because they are accusatory and put the child on the defensive. Force or coercion never should be used to obtain answers. Questions should be direct and simple, of an open-ended nature that will allow the child to talk about the assault. What happened, who was involved, when and where the assault occurred, and any kind of coercion used should be determined through the interview. Methods for determining the credibility and competency of the child being interviewed also are listed. Steps for closing the interview are described.

76. U.S. DEPARTMENT OF JUSTICE. Law Enforcement Assistance Administration. Office of Juvenile Justice and Delinquency Prevention. Juvenile Justice and the Police: Training Manual Cooper, S. Proj. Dir., New York, John Jay College of Criminal Justice, 1978. 203 p. MICROFICHE (NCJ 46453)

This training manual was developed for a New York City Transit Police Department's Police Academy In-Service Program dealing with the theory

and practical handling of juvenile crime and child abuse. During 1976, the Transit Police Department issued 29,582 Youth Referral Reports, 59 percent of the total number issued in New York City. In addition, 7,934 youth contact reports for truancy were issued. Because the transit police have so many contacts with juveniles, this training manual was issued to help patrol officers identify and properly handle delinquent behavior. The manual opens with a historical perspective of the juvenile justice system in the United States and in New York City. It then details New York State juvenile law in general and the case law which spells out the rights of juveniles to due process. Theories on causes of juvenile delinquency are discussed, including environment, labeling, the family, and various medicalbiological theories. A section on diversion versus arrest discusses the difference between "crime" and "violation of the law": for the latter, an arrest cannot be made, but a petition can be filed in family court. The different courses of action resulting from diversion or arrest are traced, the criteria for family court action are given, and proof necessary if a crime is to be prosecuted is detailed. Final chapters discuss youth and alcohol and youth and drugs, as well as child abuse and neglect. Appendixes include samples of juvenile forms used by the New York City criminal justice system, an organizational chart for the Juvenile Crime Prevention Unit, and a list of locations designated for interrogation of juveniles.

77. WESTMAN, J.C., Ed., University of Wisconsin Conference on Child Advocacy: Proceedings. Madison, University of Wisconsin, 1976. 243 p.
(NCJ 50570)

Conference speakers discuss child-rearing alternatives, rights of parents and children, child custody, child advocacy, and child abuse, from the perspectives of law, medicine, education, and sociology. The discussions are divided into categories including the status of children, the developmental needs of children, legal issues in child advocacy, and applications of child advocacy. The proceedings begin with a review of the legal rights of parents and the legal rights of children. The developmental needs of children are approached from the points of view of critical human relationships, necessary values, coping skills, and optimal child-rearing environments. Following an exposition of the practical problems encountered in relating the needs of children to child-rearing practices, social intervention in parental rights, and the social control of behavior, child advocacy principles are applied to medicine, mental health, education, the law, and public policy. For selected readings, see NCJ 50571-50577.

78. WOLKENSTEIN, A. S. Evolution of a Program for the Management of Child Abuse. Social Casework, v. 57, n. 5:309-316. May 1976.
(NCJ 51124)

A hospital-based program of diagnosis, therapy, and referral for child abuse case and the program's relationship with the criminal justice

system are described. The Advisory Committee on Child Welfare was established in 1965 by the medical staff of Milwaukee Children's Hospital, a teaching and research hospital in Milwaukee, Wis. The committee serves as a coordinating and referral agency for physicians of Children's Hospital, provides (limited) diagnostic evaluation and therapy programing for cases referred to it, and works with the courts, the Department of Public Welfare's Protective Services Unit, and other hospitals and agencies involved with abused children and their families. The hospital also offers followup and medical treatment through its child health clinic and outpatient department. The committee believes in a nonpunitive approach and encourages families to use its services on a voluntary basis, the goal being to provide a safe home for the child and to improve parentchild relationships. The committee is staffed by a volunteer pediatrician chairman, the hospital administrator, chief of staff, and chief resident, three pediatricians, a part-time psychiatrist, and a social worker. By 1974, the hospital had evaluated 384 cases, presented 191 to the advisory committee, and provided social work and psychiatric therapy to one-third of the cases studied by the committee. The committee has found that legal intervention, with medical involvement through an organization such as the committee, should precede psychosocial assessments of families involved in child abuse. Legal intervention may be through standard police procedures or, preferably, by specialized child abuse units in the police department or district attorney's office. Communities are urged to develop, coordinate, and monitor programs to deal with the problem in child abuse, and to consider funneling child abuse cases into a family court system (as opposed to dividing such cases between child and adult courts). Details of the Milwaukee committee's interactions with the criminal justice system and other agencies are provided.

How To Obtain These Documents

All of the documents in this bibliography are included in the collection of the National Criminal Justice Reference Service. The NCJRS Reading Room (Suite 211, 1015 20th Street, NW., Washington, D.C.) is open to the public from 9 a.m. to 5 p.m. Many of the documents cited in this bibliography may be found in public and organizational libraries. All of the documents cited are also available in at least one of the following three ways:

- Permanent, Personal Copies From Publishers and Other Sources
The publisher of each document is indicated in the bibliographic citation, and the names and addresses of the availability sources are listed by entry number in the appendix. Although NCJRS cannot guarantee that all documents will remain available, researchers preferring to acquire their own personal copies of the cited documents should contact the source indicated.
- Free Microfiche From NCJRS
When the word MICROFICHE appears in the citation, a free microfiche is available from NCJRS. Microfiche is a 4 x 6 inch sheet of film that contains the reduced images of up to 98 pages of text. Since the image is reduced 24 times, a microfiche reader is essential to read microfiche documents. Microfiche readers are available at most public and academic libraries. Requests for free microfiche should include the identifying NCJ numbers and be addressed to:

NCJRS Microfiche Program
Box 6000
Rockville, MD 20850

- Interlibrary Loan From NCJRS
All documents cited may be borrowed from NCJRS through your public, academic, or organization library. Document loans are not made directly to individuals. A maximum of five documents may be borrowed at one time for a period of 30 days. Each document must be requested on a separate Interlibrary Loan Form addressed to:

NCJRS Document Loan Program
Box 6000
Rockville, MD 20850

Appendix A—List of Sources

The numbers refer to bibliography entries, not to pages.

1. Pepperdine University School
of Law
1520 S. Anaheim Blvd.
Anaheim, CA 92805
2. Child Protection Center
Children's Hospital
National Medical Center
111 Michigan Street, NW.
Washington, DC 20010
3. Same as No. 2.
4. Canadian Council on Children
and Youth
1407 Yonge St.
Toronto, Ontario M4T 147
Canada
5. Available only through NCJRS
Microfiche Program and NCJRS
Document Loan Program
6. Criminal Justice Publications, Inc.
801 Second Ave.
New York, NY 10017
7. Superintendent of Documents
GPO-Washington
Washington, DC 20402
8. Practicing Law Institute
810 Seventh Ave.
New York, NY 10019
9. Humanities Press, Inc.
17 First Ave.
Atlantic Highlands, NJ 07716
10. Heath Lexington Books
125 Spring St.
Lexington, MA 02173
11. Pewsey Hospital
c/o J.E. Oliver
Pewsey, Wiltshire
England
12. Family Service Association
of America
44 East 23d St.
New York, NY 10010
13. Printing and Publishing
Supply and Services-Canada
Ottawa, Ontario K1A 0S9
Canada
14. American Orthopsychiatric
Association
49 Sheridan Ave.
Albany, NY 12210
15. Institute for Scientific
Information
325 Chestnut St.
Philadelphia, PA 19106
16. National Committee for Prevention
of Child Abuse
111 East Wacker Dr.
Chicago, IL 60601
17. Insight Publishing Company, Inc.
501 Madison Ave.
New York, NY 10022
18. MacMillan Publishing Co.
866 Third Ave.
New York, NY 10022
19. Charles C. Thomas
301-327 East Lawrence Ave.
Springfield, IL 62717

20. New York Foundling Hospital
Center for Parent and
and Child Development
1175 Third Ave.
New York, NY 10021
21. Same as No. 16.
22. California Western School
of Law
350 Cedar St.
San Diego, CA 92101
23. Same as No. 5.
24. Available only through
NCJRS Document Loan
Program.
25. AMS Press, Inc.
56 East 13th St.
New York, NY 10003
26. Harvard University Press
79 Garden St.
Cambridge, MA 02138
27. Same as No. 5.
28. University of Chicago Press
5801 S. Ellis Ave.
Chicago, IL 60637
29. Same as No. 16.
30. John Wiley and Sons, Inc.
Order Processing
Eastern Distribution Center
1 Wiley Drive
Somerset, NJ 08873
31. Parental Stress Service, Inc.
154 Santa Clara Ave.
Oakland, CA 94610
32. Greenwood Press
52 Riverside Ave.
Westport, CT 06880
33. Same as No. 5.
34. Same as No. 26.
35. National Council on Crime
and Delinquency
National Center for Youth
Development
36 North Tucson Blvd.
Tucson, AZ 85716
36. Detroit College of Law
136 East Elizabeth St.
Detroit, MI 48201
37. New York University Law Review
249 Sullivan St.
New York, NY 10012
38. Children's Hospital National
Medical Center
111 Michigan Ave., NW.
Washington, DC 20010
39. Sage Publications, Inc.
275 South Beverly Drive
Beverly Hills, CA 90212
40. Same as No. 5.
41. University of Wisconsin
Department of Continuing
Medical Education
456 WARF Building
610 N. Walnut St.
Madison, WI 53706
42. Child Welfare League
of America, Inc.
67 Irving Place
New York, NY 10003
43. Columbia University Press
562 West 113th St.
New York, NY 10025
44. Same as No. 42.
45. Children's Hospital
Medical Center
c/o Eli. H. Newberger,
Director
Family Development Study
300 Longwood Ave.
Boston, MA 02115

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|---|--|
| 46. Same as No. 5. | 60. Same as No. 5. |
| 47. University Microfilms
300 North Zeeb Road
Ann Arbor, MI 48106 | 61. Same as No. 5. |
| 48. John Jay Press
444 West 56th St.
New York, NY 10019 | 62. Same as No. 5. |
| 49. National Council of Juvenile
and Family Court Judges
Box 8978
University of Nevada
Reno, NV 89507 | 63. Same as No. 5. |
| 50. Fleming H. Revell Company
Old Tappan, NJ 07675 | 64. Same as No. 5. |
| 51. Same as No. 5. | 65. Same as No. 5. |
| 52. Same as No. 47. | 66. American Humane Association
5351 South Roslyn St.
Englewood, CO 80110 |
| 53. Same as No. 47. | 67. Same as No. 5. |
| 54. Same as No. 47. | 68. International Association of Chiefs
of Police
11 Firstfield Rd.
Gaithersburg, MD 20760 |
| 55. MacDonald and Evans, Ltd.
Estover
London
England | 69. Midwest Parent-Child Welfare Resource
Center
School of Social Welfare
University of Wisconsin, Milwaukee
Milwaukee, WI 53201 |
| 56. University of Arizona
College of Law
Tucson, AZ 85721 | 70. Education Commission of the States
300 Lincoln Tower
1860 Lincoln St.
Denver, CO 80203 |
| 57. Association of Trial Lawyers
of America
1050 31st St., NW.
Washington, DC 20007 | 71. Same as No. 5. |
| 58. University of Michigan
Law School
731 Legal Research Building
Ann Arbor, MI 48104 | 72. Same as No. 5. |
| 59. Child Advocate Association
195 LaSalle Street
Chicago, IL 60603 | 73. Same as No. 5. |
| | 74. Same as No. 5. |
| | 75. Same as No. 5. |
| | 76. Same as No. 5. |
| | 77. Same as No. 42. |
| | 78. Same as No. 12. |

Appendix B—Resource Agencies

This list identifies some of the agencies and organizations that are performing research or supporting projects in the general area of child abuse and neglect. These agencies may be able to provide additional information for researchers studying this problem.

American Humane Association--
Children's Division
National Study on Child Neglect
and Abuse Reporting
P. O. Box 1266
Denver, CO 80201

Child Abuse Listening Mediation
(CALM)
P. O. Box 718
Santa Barbara, CA 93102

Child Abuse and Neglect Research
1411 K Street, NW.
Washington, DC 20005

Child Advocacy Center
1025 15th Street, NW.
Washington, DC 20005

Child Protection Report
1301 20th Street, NW.
Washington, DC 20036

Child Welfare League of
America (CWLA)
Information Services
67 Irving Place
New York, NY 10003

Child Welfare Resource Informa-
tion Exchange
2011 Eye Street, NW.
Washington, DC 20006

Children's Aid International,
Inc.
901 North Washington Street
Alexandria, VA 22314

Children's Defense Fund
1520 New Hampshire Avenue, NW.
Washington, DC 20036

The Children's Legal Rights
Information and Training Program
2000 L Street, NW.
Washington, DC 20036

Day Care and Child Development
Council of America
1401 K Street, NW.
Washington, DC 20085

Head Start Bureau
Administration for Children, Youth,
and Families
Office of Human Development
Services
U.S. Department of Health,
Education, and Welfare
Washington, DC 20201

Mental Health Clearinghouse
National Institute of Mental
Health
5600 Fishers Lane
Rockville, MD 20857

National Association of Social
Workers--National Office
Child Abuse and Neglect Training
Project
1425 H Street, NW.
Washington, DC 20005

National Center on Child Abuse
and Neglect (NCCAN)
Office of Child Development (DHEW)
P. O. Box 1182
Washington, DC 20013

National Center for the Prevention
and Treatment of Child Abuse and
Neglect

University of Colorado Medical
Center

Department of Pediatrics
1001 Jasmine Street
Denver, CO 80220

National Center for Voluntary
Action (NCVA)

Technical Services Division
1785 Massachusetts Avenue, NW
Washington, DC 20036

The National Committee for
Prevention of Child Abuse
(NCPCA)

111 East Wacker Drive
Suite 510
Chicago, IL 60601

National Council of Jewish
Women

One West 47th Street
New York, NY 10036

Office of Special Litigation
Civil Rights Division

U.S. Department of Justice
550 11th Street, NW.
Washington, DC 20530

Parents Anonymous (PA)
2801 Artesia Boulevard
Redondo Beach, CA 90278

U.S. Department of the Navy
Bureau of Medicine and Surgery
Family Advocacy Branch
Human Resources Management
Division

Washington, DC 20372

Appendix C—Child Abuse Legislation



Public Law 93-247
93rd Congress, S. 1191
January 31, 1974

An Act

To provide financial assistance for a demonstration program for the prevention, identification, and treatment of child abuse and neglect, to establish a National Center on Child Abuse and Neglect, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Child Abuse Prevention and Treatment Act".

Child Abuse
Prevention and
Treatment Act.
88 STAT. 4

THE NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

SEC. 2. (a) The Secretary of Health, Education, and Welfare (hereinafter referred to in this Act as the "Secretary") shall establish an office to be known as the National Center on Child Abuse and Neglect (hereinafter referred to in this Act as the "Center").

88 STAT. 5
Establishment.

(b) The Secretary, through the Center, shall—

(1) compile, analyze, and publish a summary annually of recently conducted and currently conducted research on child abuse and neglect;

Annual research
summary.

(2) develop and maintain an information clearinghouse on all programs, including private programs, showing promise of success, for the prevention, identification, and treatment of child abuse and neglect;

Information
clearinghouse.

(3) compile and publish training materials for personnel who are engaged or intend to engage in the prevention, identification, and treatment of child abuse and neglect;

(4) provide technical assistance (directly or through grant or contract) to public and nonprofit private agencies and organizations to assist them in planning, improving, developing, and carrying out programs and activities relating to the prevention, identification, and treatment of child abuse and neglect;

(5) conduct research into the causes of child abuse and neglect, and into the prevention, identification, and treatment thereof; and

(6) make a complete and full study and investigation of the national incidence of child abuse and neglect, including a determination of the extent to which incidents of child abuse and neglect are increasing in number or severity.

Study.

(c) The Secretary may carry out his functions under subsection (b) of this section either directly or by way of grant or contract.*

Amended
January 3, 1975
by P.L. 93-644.

DEFINITION

SEC. 3. For purposes of this Act the term "child abuse and neglect" means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary.

DEMONSTRATION PROGRAMS AND PROJECTS

SEC. 4. (a) The Secretary, through the Center, is authorized to make grants to, and enter into contracts with, public agencies or nonprofit private organizations (or combinations thereof) for demonstration programs and projects designed to prevent, identify, and treat child abuse and neglect. Grants or contracts under this subsection may be—

Grants and
contracts.

(1) for the development and establishment of training programs for professional and paraprofessional personnel in the fields of medicine, law, education, social work, and other relevant fields who are engaged in, or intend to work in, the field of the prevention, identification, and treatment of child abuse and neglect; and training programs for children, and for persons responsible for the welfare of children, in methods of protecting children from child abuse and neglect;

88 STAT. 6

(2) for the establishment and maintenance of centers, serving defined geographic areas, staffed by multidisciplinary teams of personnel trained in the prevention, identification, and treatment of child abuse and neglect cases, to provide a broad range of services related to child abuse and neglect, including direct support and supervision of satellite centers and attention homes, as well as providing advice and consultation to individuals, agencies, and organizations which request such services;

(3) for furnishing services of teams of professional and paraprofessional personnel which are trained in the prevention, identification, and treatment of child abuse and neglect cases, on a consulting basis to small communities where such services are not available; and

(4) for such other innovative programs and projects, including programs and projects for parent self-help, and for prevention and treatment of drug-related child abuse and neglect, that show promise of successfully preventing or treating cases of child abuse and neglect as the Secretary may approve.

Not less than 50 per centum of the funds appropriated under this Act for any fiscal year shall be used only for carrying out the provisions of this subsection.

(b) (1) Of the sums appropriated under this Act for any fiscal year, not less than 5 per centum and not more than 20 per centum may be used by the Secretary for making grants to the States for the payment of reasonable and necessary expenses for the purpose of assisting the States in developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs.

Grants to
States.

(2) In order for a State to qualify for assistance under this subsection, such State shall—

(A) have in effect a State child abuse and neglect law which shall include provisions for immunity for persons reporting instances of child abuse and neglect from prosecution, under any State or local law, arising out of such reporting;

(B) provide for the reporting of known and suspected instances of child abuse and neglect;

(C) provide that upon receipt of a report of known or suspected instances of child abuse or neglect an investigation shall be initiated promptly to substantiate the accuracy of the report, and, upon a finding of abuse or neglect, immediate steps shall be taken to protect the health and welfare of the abused or neglected child, as well as that of any other child under the same care who may be in danger of abuse or neglect;

(D) demonstrate that there are in effect throughout the State, in connection with the enforcement of child abuse and neglect laws and with the reporting of suspected instances of child abuse and neglect, such administrative procedures, such personnel trained in child abuse and neglect prevention and treatment, such training procedures, such institutional and other facilities (public and private), and such related multidisciplinary programs and services as may be necessary or appropriate to assure that the State will deal effectively with child abuse and neglect cases in the State;

(E) provide for methods to preserve the confidentiality of all records in order to protect the rights of the child, his parents or guardians;

(F) provide for the cooperation of law enforcement officials, courts of competent jurisdiction, and appropriate State agencies providing human services;

(G) provide that in every case involving an abused or neglected child which results in a judicial proceeding a guardian ad litem shall be appointed to represent the child in such proceedings;

(H) provide that the aggregate of support for programs or projects related to child abuse and neglect assisted by State funds shall not be reduced below the level provided during fiscal year 1973, and set forth policies and procedures designed to assure that Federal funds made available under this Act for any fiscal year will be so used as to supplement and, to the extent practicable, increase the level of State funds which would, in the absence of Federal funds, be available for such programs and projects;

(I) provide for dissemination of information to the general public with respect to the problem of child abuse and neglect and the facilities and prevention and treatment methods available to combat instances of child abuse and neglect; and

(J) to the extent feasible, insure that parental organizations combating child abuse and neglect receive preferential treatment.

(3) Programs or projects related to child abuse and neglect assisted under part A or B of title IV of the Social Security Act shall comply with the requirements set forth in clauses (B), (C), (E), and (F) of paragraph (2).

(c) Assistance provided pursuant to this section shall not be available for construction of facilities; however, the Secretary is authorized to supply such assistance for the lease or rental of facilities where adequate facilities are not otherwise available, and for repair or minor remodeling or alteration of existing facilities.

(d) The Secretary shall establish criteria designed to achieve equitable distribution of assistance under this section among the States, among geographic areas of the Nation, and among rural and urban areas. To the extent possible, citizens of each State shall receive assistance from at least one project under this section.

(e) For the purposes of this section, the term "State" includes each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, the Virgin Islands, Guam and the Trust Territories of the Pacific.*

88 STAT. 7

49 Stat. 627;
81 Stat. 911.
42 USC 601, 620.

Amended
January 3, 1975
by P.L. 93-644.

AUTHORIZATIONS

SEC. 5. There are hereby authorized to be appropriated for the purposes of this Act \$15,000,000 for the fiscal year ending June 30, 1974, \$20,000,000 for the fiscal year ending June 30, 1975, and \$25,000,000 for the fiscal year ending June 30, 1976, and for the succeeding fiscal year.

ADVISORY BOARD ON CHILD ABUSE AND NEGLECT

SEC. 6. (a) The Secretary shall, within sixty days after the date of enactment of this Act, appoint an Advisory Board on Child Abuse and Neglect (hereinafter referred to as the "Advisory Board"), which shall be composed of representatives from Federal agencies with responsibility for programs and activities related to child abuse and neglect, including the Office of Child Development, the Office of Education, the National Institute of Education, the National Institute of Mental Health, the National Institute of Child Health and Human Development, the Social and Rehabilitation Service, and the Health Services Administration. The Advisory Board shall assist the Secretary in coordinating programs and activities related to child abuse and neglect administered or assisted under this Act with such programs and activities administered or assisted by the Federal agencies whose representatives are members of the Advisory Board. The Advisory Board shall also assist the Secretary in the development of Federal standards for child abuse and neglect prevention and treatment programs and projects.

Membership.

Functions.

(b) The Advisory Board shall prepare and submit, within eighteen months after the date of enactment of this Act, to the President and to the Congress a report on the programs assisted under this Act and the programs, projects, and activities related to child abuse and neglect administered or assisted by the Federal agencies whose representatives are members of the Advisory Board. Such report shall include a study of the relationship between drug addiction and child abuse and neglect.

Report to
President and
Congress.

(c) Of the funds appropriated under section 5, one-half of 1 per centum, or \$1,000,000, whichever is the lesser, may be used by the Secretary only for purposes of the report under subsection (b).

COORDINATION

SEC. 7. The Secretary shall promulgate regulations and make such arrangements as may be necessary or appropriate to ensure that there is effective coordination between programs related to child abuse and neglect under this Act and other such programs which are assisted by Federal funds.

Approved January 31, 1974.

*Amendments Section 2(c) and Section 4(e) added by P.L. 93-644, approved January 3, 1975.

LEGISLATIVE HISTORY:

HOUSE REPORT No. 93-685 (Comm. on Education and Labor).
SENATE REPORT No. 93-308 (Comm. on Labor and Public Welfare).
CONGRESSIONAL RECORD, Vol. 119 (1973):
July 14, considered and passed Senate.
Dec. 3, considered and passed House, amended.
Dec. 20, Senate agreed to House amendments with amendments.
Dec. 21, House concurred in Senate amendments.

Public Law 95-266
95th Congress

An Act

To promote the healthy development of children who would benefit from adoption by facilitating their placement in adoptive homes, to extend and improve the provisions of the Child Abuse Prevention and Treatment Act, and for other purposes.

Apr. 24, 1978
[H.R. 6693]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Child Abuse Prevention and Treatment and Adoption Reform Act of 1978".

Child Abuse
Prevention and
Treatment and
Adoption Reform
Act of 1978.
42 USC 5101
note.

TITLE I—AMENDMENTS TO CHILD ABUSE PREVENTION
AND TREATMENT ACT

NATIONAL CENTER ON CHILD ABUSE AND NEGLECT

SEC. 101. Section 2 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101) (hereinafter in this title referred to as "the Act") is amended by—

(1) (A) striking out "and publish" and inserting in lieu thereof "publish, and disseminate" in clause (1) of subsection (b);

(B) striking out "and publish" and inserting in lieu thereof a comma and "publish, and disseminate" in clause (3) of subsection (b);

(C) striking out "and" after clause (5) of subsection (b);

(D) striking out the period at the end of clause (6) of subsection (b) and inserting in lieu thereof a semicolon and "and"; and

(E) adding after clause (6) of subsection (b) the following:

"(7) in consultation with Federal agencies serving on the Advisory Board on Child Abuse and Neglect (established by section 6 of this Act), prepare a comprehensive plan for seeking to bring about maximum coordination of the goals, objectives, and activities of all agencies and organizations which have responsibilities for programs and activities related to child abuse and neglect, and submit such plan to such Advisory Board not later than twelve months after the date of enactment of this clause.

The Secretary shall establish research priorities for making grants or contracts under clause (5) of this subsection and, not less than sixty days before establishing such priorities, shall publish in the Federal Register for public comment a statement of such proposed priorities."

(2) inserting at the end of subsection (c) the following new sentences: "Grants may be made under subsection (b) (5) for periods of not more than three years. Any such grant shall be reviewed at least annually by the Secretary, utilizing peer review mechanisms to assure the quality and progress of research conducted under such grant."; and

(3) adding after subsection (c) the following new subsection:

"(d) The Secretary shall make available to the Center such staff and resources as are necessary for the Center to carry out effectively its functions under this Act."

Plan, submittal to
Advisory Board
on Child Abuse
and Neglect.
42 USC 5105.

Research
priorities
for grants or
contracts.
Publication in
Federal Register.
Review.

DEFINITION

SEC. 102. Section 3 of the Act (42 U.S.C. 5102) is amended by—
 (1) inserting “or exploitation” after “sexual abuse”; and
 (2) inserting a comma and “or the age specified by the child protection law of the State in question,” after “eighteen”.

DEMONSTRATION OR SERVICE PROGRAMS AND PROJECTS

SEC. 103. Section 4 of the Act (42 U.S.C. 5103) is amended by—
 (1) amending subsection (a) by—
 (A) inserting “or service” after “demonstration” in the first sentence;
 (B) striking out “the development and establishment of” in clause (1); and
 (C) striking out the last sentence of such subsection;
 (2) amending subsection (b) by—
 (A) striking out in paragraph (1) “Of the sums” and all that follows through “grants” and inserting in lieu thereof “The Secretary, through the Center, is authorized to make grants”, and striking out “for the payment of reasonable and necessary expenses”; and
 (B) inserting in paragraph (2) immediately below clause (J) the following new sentence: “If a State has failed to obligate funds awarded under this subsection within eighteen months after the date of award, the next award under this subsection made after the expiration of such period shall be reduced by an amount equal to the amount of such unobligated funds unless the Secretary determines that extraordinary reasons justify the failure to so obligate.”; and
 (3) amending the heading for such section to read as follows:

“DEMONSTRATION OR SERVICE PROGRAMS AND PROJECTS”.

AUTHORIZATION OF APPROPRIATIONS, EARMARKING, AND SEXUAL ABUSE CENTERS

SEC. 104. Section 5 of the Act (42 U.S.C. 5104) is amended by—
 (1) striking out “and” after “1975,” and striking out the period at the end thereof and inserting in lieu thereof a comma and the following: “\$25,000,000 for the fiscal year ending September 30, 1978, \$27,500,000 for the fiscal year ending September 30, 1979, and \$30,000,000 each for the fiscal years ending September 30, 1980, and September 30, 1981, respectively. Of the funds appropriated for any fiscal year under this section, not less than 50 per centum shall be used for making grants or contracts under sections 2(b)(5) (relating to research) and 4(a) (relating to demonstration or service projects), giving special consideration to continued Federal funding of child abuse and neglect programs or projects (previously funded by the Department of Health, Education, and Welfare) of national or regional scope and demonstrated effectiveness, of not less than 25 per centum shall be used for making grants or contracts under section 4(b)(1) (relating to grants to States) for the fiscal years ending September 30, 1978,

42 USC 5101.

42 USC 5103.

and September 30, 1979, respectively, and not less than 30 per centum shall be used for making grants or contracts under section 4(b)(1) (relating to grants to States) for each of the fiscal years ending September 30, 1980, and September 30, 1981, respectively.”; and

42 USC 5103.

(2) inserting “(a)” after “Sec. 5,” and adding at the end thereof the following new subsection:

“(b)(1) There are authorized to be appropriated \$3,000,000 for the fiscal year ending September 30, 1978, \$3,500,000 for the fiscal year ending September 30, 1979, and \$4,000,000 each for the fiscal years ending September 30, 1980, and September 30, 1981, respectively, for the purpose of making grants and entering into contracts (under sections 2(b)(5) (relating to research), 4(a) (relating to demonstration or services projects), and 4(b)(1) (relating to grants to States)) for programs and projects (including the support of not less than three Centers for the provision of treatment, and personnel training, and other related services) designed to prevent, identify, and treat sexual abuse of children, including programs involving the treatment of family units, programs for the provision of treatment and related services to persons who have committed acts of sexual abuse against children, and programs for the training of personnel.

42 USC 5101.

“(2) Of the sums appropriated under this subsection, not more than 10 per centum shall be expended under section 2(b)(5) (relating to research).

“(3) As used in this subsection, the term—

Definitions.

“(A) ‘sexual abuse’ includes the obscene or pornographic photographing, filming, or depiction of children for commercial purposes, or the rape, molestation, incest, prostitution, or other such forms of sexual exploitation of children under circumstances which indicate that the child’s health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary; and

“(B) ‘child’ or ‘children’ means any individual who has not attained the age of eighteen.

“(4)(A) Nothing contained in the provisions of this subsection shall be construed as prohibiting the use of funds appropriated under subsection (a) for programs and projects described in subsection (b), nor be construed to prohibit programs or projects receiving funds under subsection (a) from receiving funds under subsection (b).

“(B) No funds shall be obligated or expended under this subsection unless an amount at least equal to the amount of funds appropriated in fiscal year 1977 has been appropriated for programs and projects under subsection (a) for any succeeding fiscal year.”.

ADVISORY BOARD

SEC. 105. Section 6 of the Act (42 U.S.C. 5105) is amended by—

(1) inserting before the period at the end of the first sentence in subsection (a) a comma and “and not less than three members from the general public with experience or expertise in the field of child abuse and neglect”;

(2) striking out “administered” both places it appears in the second sentence in subsection (a) and inserting in lieu thereof “planned, administered,”; and

Plan, submittal
to President
and Congress.
42 USC 5101.

Compensation.

(3) striking out subsection (b) and subsection (c) and inserting in lieu thereof the following new subsections:

"(b) The Advisory Board shall review the comprehensive plan submitted to it by the Center pursuant to section 2(b)(7), make such changes as it deems appropriate, and submit to the President and the Congress a final such plan not later than eighteen months after the effective date of this subsection.

"(c) Members of the Advisory Board, other than those regularly employed by the Federal Government, while serving on business of the Advisory Board, shall be entitled to receive compensation at a rate not in excess of the daily equivalent payable to a GS-18 employee under section 5332 of title 5, United States Code, including travel-time; and, while so serving away from their homes or regular places of business, they may be allowed travel expenses (including per diem in lieu of subsistence) as authorized by section 5703 of such title for persons in the Government service employed intermittently."

END

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